Maternal and Child Health Services
Title V Block Grant

State Narrative for Idaho

Application for 2011
Annual Report for 2009

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Table of Contents

I. General Requirements

A. Letter of Transmittal

The Letter of Transmittal is to be provided as an attachment to this section.
An attachment is included in this section.

B. Face Sheet

The Face Sheet (Form SF424) is submitted when it is submitted electronically in HRSA EHB. No hard copy is sent.

C. Assurances and Certifications

Assurances and certifications are on file with the MCH office - Bureau of Clinical and Preventive Services - and are available upon request.

D. Table of Contents

This report follows the outline of the Table of Contents provided in the "GUIDANCE AND FORMS FOR THE TITLE V APPLICATION/ANNUAL REPORT," OMB NO: 0915-0172; published March 2009; expires March 31, 2012.

E. Public Input

During the public comment period, the semi-final version of Idaho's Maternal and Child Health Block Grant Application and Annual Report is posted to the external website of the Idaho Department of Health and Welfare (IDHW), along with a request for input. The IDHW website is "crawlable" by Google and other search engines, and the grant application is therefore exposed to world. However, in recognition that there is a plethora of information out on the web, staff also notify interested groups and individuals that the grant application is available for review and comment. This year the notified groups will include, among others:

* Idaho Parents Unlimited (IPUL) -- a grass roots advocacy organization who also are:
    - The Family to Family Health Information Center for Idaho
    - The Family Voices representatives in Idaho.

* St. Luke's Children's Hospital -- the only children's hospital in Idaho.

* Idaho Families of Adults with Disabilities (IFAD).

* The Idaho Council on Developmental Disabilities. This Council includes representatives from:
    - The Idaho Dept. of Education, Special Education Section
    - Vocational Rehabilitation
    - Idaho Commission on Aging
    - Idaho Medicaid
    - Partnerships for Inclusion
    - University of Idaho, Center on Disability and Human Development
    - Disability Rights Idaho
    - Idaho Self Advocate Leadership Network
    - University Centers for Excellence
    - McCall Memorial Hospital
    - Partners for Policy making

- Community Partnerships of Idaho
- Panhandle Autism Society

* The Early Childhood Coordinating Council. This Council includes representatives from:
- Parents of young children with disabilities
- Providers of early intervention services, including Idaho Perinatal Project
- Providers of early care and learning services
- State legislators: one senator, one representative
- University representation from child development programs
- Developmental pediatrician
- Early Childhood Professional organizations including Idaho Chapter of American Academy of Pediatricians and the Association for the Education of Young Children
- Idaho Medicaid
- Idaho Foster Care
- Children's Mental Health
- Idaho Department of Insurance
- Office for the Coordination of Education of the Homeless
- Idaho Migrant Council
- Idaho Migrant Head Start
- Idaho Child Care Program
- Idaho Head Start Association
- Head Start Collaboration Office
- Idaho Infant Toddler Program
- Idaho Bureau of Education Services for the Deaf and Blind
- State Department of Education
- Public Health Districts
- Idaho Maternal and Child Health Director
- Representation from Idaho Tribes

In addition to gathering public input on the grant application itself, IDHW staff also sought public input during the 5-year Needs Assessment process. Two state-wide surveys were conducted to gather input from individuals and organizations regarding the MCH priorities for the next five years.

II. Needs Assessment

In application year 2011, the 2010 Needs Assessment will be attached to this Section II.

An attachment is included in this section.

C. Needs Assessment Summary

In mid-2009 the MCH Director formed a Needs Assessment Committee composed of the following Department of Health and Welfare staff:

* The Administrator for the Division of Public Health,
* The Special Assistant to the Administrator, DoPH,
* The Chief of the Bureau of Vital Records and Health Statistics,
* The MCH Director and Chief of the Bureau of Clinical and Preventive Services,
* The CSHCN Director and Manager of the Children's Special Health, Newborn Screening, and Genetics Services Programs,
* The MCH Data Analyst, and
* A Principle Research Analyst from Health Statistics who is in charge of the Pregnancy Risk Tracking System and is the Manager of the SSDI Project.

This committee has met several times over the past year to set methodologies, gather data, and process information as it came in. Secondary data was gathered from a host of sources including, though not limited to;
National Resources-
*Women's Health USA, 2009
*Child Health USA 2008-2009
*America's Children: Key National Indicators of Well-Being, 2009
*Catalyst Center State-at-a-Glance Chartbook, 2007
*Reaching Kids: Partnering with Preschools and Schools to Improve Children's Health, 2009
* The Health and Well-Being of Children: A Portrait of States and the Nation, 2007
*Healthy People 2020
*The National Survey of CSHCNs Chartbook 2005-2006

Idaho Resources-
* Idaho Behavioral Risk Factors, 2009
* 2007 Annual Report from the Pregnancy Risk Assessment and Tracking System,
* 2007 Idaho Vital Statistics Report,
* The Burden of Cardiovascular Disease in Idaho, 2009
* The Idaho Medical Association
* The Rural Health Program

This committee was tasked with all the components of the 5-year Needs Assessment including setting Idaho state MCH priorities, and gathering MCH Program Capacity information, and setting performance targets.

In addition to secondary sources, the committee gathered primary Needs Assessment-specific data through two surveys. After six months of data gathering and analysis, the cimmittee developed a survey list of eleven relevant priorities. The main survey was requesting state-wide public input about which MCH priorities the state should set for the next 5-year period. There were a total of 191 valid responses to this survey with more than one third (36.4%) of the respondents being individuals, as opposed to government or non-profit representatives. A secondary survey was targeted directly at the families of Children with Special Healthcare Needs and sought gather public input regarding issue of geographic lack of access to medical specialists

in Idaho.

The committee developed an MCH Services Grid (attached) arranged by pyramid level, showing what services are delivered by various sections of the Department of Health and Welfare (IDHW).

To gather information about the availability of direct health care services available in Idaho but not through the IDHW, the committee turned to the Idaho Medical Association (IMA). The IMA maintains a database of Idaho physicians. This database contains information about the physicians' areas of specialty and geographic area of practice. Each year this data is published in the "Idaho Medical Association Referral Directory of Idaho Physicians." This year the IMA allowed the IDHW to use their dataset to generate maps depicting the availability of services by specialty type at the county level in Idaho. Those maps are attached.

*Changes in Population Strengths and Needs Since the Last 5-year Needs Assessment
Idaho is experiencing a live birth increase at rates triple those of the U.S. as a whole. However, Idaho's rates of low birth weight, preterm births, and infant mortality are lower than the national rates. Idaho does continue to experience an increase in the birthrate among some teen groups.

Since the last needs assessment Idaho has seen an increase in the percentage of single working mothers, while national rates declined. Significant concerns for the children of Idaho remain the low prevalence of immunizations and the high rates of intentional self harm.

*Changes in State Priorities Since the Last 5-year Needs Assessment
Idaho chose to carry-over two state priorities from the previous five year period, though the wording was changed slightly, and to partially carryover the two others. For the first time Idaho's state priorities include a priority around CSHCNs. As a result of the needs assessment, four new state priorities were identified:

1. Reduce premature births and low birth weight. (partial carryover)

2. Reduce the incidence of teen pregnancy. (carryover)

3. Increase the percent of women incorporating effective preconception and prenatal health practices.

4. Improve immunization rates. (carryover)

5. Decrease childhood overweight and obesity prevalence.

6. Reduce intentional injuries in children and youth. (partial carryover)

7. Improve access to medical specialists for CSHCNs.

*Changes in State MCH Program and System Capacity Since the Last 5-year Needs Assessment
During the last assessment period, Idaho's CSHCN program moved all care coordination activities back in-house. Previously these services had been contracted to an outside agency. These activities are now being completed by program staff which has resulted in lowered costs and improved patient communication.

In 2010 there were huge changes in the way in which the state and private insurance companies fund vaccines for children in Idaho. The net impact of months of negotiation have resulted in increased payment by insurance and a decreased use of MCH funds used for these purposes.

The passage of the PPA Affordable Care Act has already begun to impact MCH programs in Idaho, and is expected to result in huge changes in the coming years.

An attachment is included in this section.

III. State Overview

A. Overview

Geographical Information

The state of Idaho ranks 13th in total area in the United States and 11th in total dry land area. It is 490 miles in length from north to south and at its widest point, 305 miles east and west. Idaho has 44 counties and a land area of 84,033 square miles with agriculture, forestry, manufacturing, and tourism being the primary industries. The bulk of Idaho's landmass is uninhabited and unhabitable due to the natural deterrents of desert, volcanic wastelands and inaccessible mountainous terrain. Eighty percent (80%) of Idaho's land is either range or forest, and 70% is publicly owned. The state has seven major population centers. Southern cities follow the curve of the Snake River plain and are surrounded by irrigated farmland and high desert. Lewiston, in north central Idaho, is centered in rolling wheat and lentil fields, and deep river canyons. In north Idaho, Coeur d'Alene is located on a large forested mountain lake and is a major tourist destination. Much of the state's central interior is mountain wilderness and national forest. The isolation of many Idaho communities makes it difficult and more expensive to provide health services.

Population Information

The 2009 estimated population for Idaho is 1,545,801. Idaho ranks 40th in the United States in population. The population increase from 2000 to 2009 of 19.5%, more than double the national average of 9.1%. This population gives Idaho an average population density of 15.6 persons per square mile of land area. However, half of Idaho's 44 counties are considered "frontier," with averages of less than seven persons per square mile. In 2009, the national average for population density was 79.6 persons per square mile.

The physical barriers of terrain and distance have consolidated Idaho's population into seven natural regions with each region coalescing to form a population center. Approximately 66% of Idaho's population reside within one of the seven population centers. This tendency for the state's population to radiate from these urban concentrations is an asset for health planning, although it makes it more difficult to deliver adequate health services to the 34% of the population who reside in the rural areas of the state. To facilitate the availability of services, contiguous counties are aggregated into seven public health districts. Each district contains one of the seven urban counties plus a mixture of rural and frontier counties.

Summary of Population by Health District for 2010
Idaho Population Estimates, March 1 2009

District	Population	%
Idaho	1,545,801	100.0%
District 1	213,662	13.8%
District 2	104,496	6.8%
District 3	251,013	16.2%
District 4	429,647	27.8%
District 5	179,994	11.6%
District 6	167,290	10.8%
District 7	199,699	12.9%

Source: Census Bureau, Internet release March 22, 2009.

Ethnic Groups

The estimated racial groups that comprised Idaho's population in 2009 were: (a) white, 94.6%; (b) black, 0.9%; (c) native American/Eskimo, 1.5%; (d) Asian/Pacific Islander, 1.2%. Hispanics make up 10.2% of the race categories. More than half of Idaho's Hispanic population resides in two regions (health districts), with 32.5% residing in Health District 3 and 20.4% in Health District 5. The majority of the Native Americans resides on four reservations in northern and eastern Idaho in Health Districts 1, 2, 3 and 6 and number an estimated 16,320.

Idaho Health District Population Totals by Race and Ethnicity
Census Estimates for 2008

	Total	Race				Ethnicity	
	White	Black	American Indian		Asian/Pacific Islander	Non-Hispanic	
	Hispanic						
Idaho	1,523,816	1,458,280	17,878	25,613	22,045	1,367,989	155,827
District 1	211,870	204,686	1,416	4,192	1,576	204,988	6,882
2	102,099	95,889 774	3,818	1,618	99,414	2,685	
3	248,000	238,041	3,251	3,322	3,386	198,858	49,142
4	426,283	402,555	8,479	4,379	10,870	395,662	30,621
5	176,400	171,929	1,129	1,907	1,435	142,739	33,661
6	164,357	154,760	1,365	6,563	1,669	148,847	15,510
7	194,807	190,420	1,464	1,432	1,491	177,481	17,326

*Persons of Hispanic or Latino ethnicity may be of any race and are included in the appropriate race totals.

Source: National Center for Health Statistics. Estimate of July 1, 2008 resident population from the Vintage postcensal series by state, county, year, age, sex, race, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau.

Migrant and seasonal farm workers are a significant part of Idaho's Hispanic population. A migrant farm worker is defined as a person who moves from outside or within the state to perform agricultural labor. A seasonal farm worker is defined as a person who has permanent housing in Idaho and lives and works in Idaho throughout the year. In 2009, the National Center for Farmworker Health, Inc. estimated that over 54,659 migrant and seasonal farm workers and their families resided in Idaho, at least temporarily. The majority of Idaho's Hispanic individuals live in southern Idaho along the agricultural Snake River Plain.

Economic Information

As a comparison to the nation as a whole, family median incomes in Idaho are below the national average, ranking 42nd out of 51. The average median income in Idaho (2004) was $46,586. The number of families living in poverty statewide average is 14.5% (placing Idaho 14th out of 51), and children under 18 living in poverty was 19.6% (18th out of 51). Idaho's unemployment rate in March of 2010 was 9.4%, nearly triple the 2004 rate of 3.2%.

Educational Information

In 2000 the percentage of Idahoans over the age of 24 who had graduated high school was 84.7%, compared to the national average of 80.4%. Of Idahoans over the age of 24, 21.7% hold a bachelor's degree or higher, compared to a national average of 24.4%. New statistics are being gathered during the 2010 census, and should be available in future reporting years.

Health Delivery System in Idaho

As a frontier state, Idaho is subject to a host of challenges not found in more highly populated, more urbanized states. Idaho's geography, to a large extent, dictates our population dispersal and our lifestyle. High mountain ranges and vast deserts separate the population into seven distinct population centers surrounded by smaller communities. Radiating out from these centers are numerous isolated rural and frontier communities, farms and ranches. Providing access to health care for this widely dispersed population is an issue of extreme importance for program implementation, planning health care systems and infrastructure. Serving distinct populations such as migrant/seasonal farm workers, children with special healthcare needs, and pregnant women and children can be problematic. Balancing the needs of these populations with the viability of providing services within their home communities requires a committed effort. Additionally, Idaho's residents and leadership tend to emphasize the importance of local control over matters affecting their livelihood, health, education and welfare. The conservative nature and philosophy of Idahoans is manifested in offering programs and services through local control rather than a more centralized approach. This philosophy is also evident in political terms and has impacted state government both fiscally and programmatically, having important implications for all of Idaho's health care programs.

Health services in Idaho are delivered through both private and public sectors. The health delivery is comprised of the following elements:

A. Seven (7) autonomous district health departments provide a variety of services including, but not limited to: immunizations, family planning, WIC, STD clinics, and clinics for children with special health problems. The Children's Special Health Program (Idaho's CSHCN program) provides partial funding for specialty clinics in northern in Eastern Idaho where specialty physicians are also brought in from neighboring states (Washington and Utah) to provide services not otherwise available in those areas.

B. The Idaho Department of Health and Welfare, Division of Health, assists the district health departments by formulating policies, providing technical assistance, laboratory support, vaccines and logistical support for the delivery of programs and services, epidemiological assistance, disease surveillance, and implementation of health promotion activities. Additionally, the Division licenses all ambulances and certifies all emergency medical services personnel in the state. It also provides vital records and manages efforts to provide access to health care in rural areas. Public health preparedness activities for the state are also coordinated through the Division of Health.
MCH-funded clinics for PKU and other metabolic conditions are provided at the three major population centers around the state, several times per year. MCH-funded genetics clinics are offered in the capitol city every month. For both of these specialty clinics Idaho uses MCH funds to import specialist physicians from Portland Oregon since these specialties do not yet exist in Idaho.

C. In 2009, there were 48 licensed hospitals in the state with a total licensed bed capacity of 3,883.
D. Idaho is served by eleven Community Health Centers with seventy sites that offer primary and preventive care. Dental and mental health behavioral services are also offered at many of these locations. In 2008, Idaho's Community Health Centers served the medical requirements of 108,756 patients.

E. As of the end of 2008, there were 3,063 licensed and practicing physicians within the state. The physician to patient ratio of care in Idaho was 201 physicians providing patient care per 100,000 population, as compared to the national average of 309. There were 1,020 primary care practitioners licensed and practicing in Idaho. There were a total of 511 Physician Assistants in Idaho. There are 1,480 Pharmacists licensed with the State of Idaho practicing in the state. There were 840 Physical Therapists, 80 Psychiatrists and 863 General Dentists licensed and serving Idahoans. These numbers represent whole counts made available through State Licensure

Boards and do not reflect the actual time (or fractions of time) that these practitioners avail themselves in health care services.
As of January 15, 2010 16.7% of Idahoans lacked access to primary care, as compared to the national average of 11.5%.

F. There are five Indian/Tribal Health Service Clinics operating in Idaho in 2009. These clinics provide a wide variety of preventive health services to Native Americans. There is a clinic serving each of the federally recognized tribes in Idaho. Each of these tribes is also a delegate to the Northwest Portland Area Indian Health Board.

Access to Health Care Needs of the Population in General

As previously indicated, the lack of health insurance is a significant barrier to health care in Idaho. In 2009 An estimated 19.1% of the state's population, over 295,000 individuals, have no health insurance. 34.9% of Idaho's Hispanic population reported having no insurance and 54% of Native Americans were uninsured. In 2008, there were approximately 440,023 children under the age of 18 living in Idaho. Of these, approximately 200,112 reside in households earning incomes at or below 200% of the federally designated poverty level. Most of those children below 200% are covered by some form of health insurance; however, approximately 12.4% (24,901), of children living in families with incomes at 200% of the poverty level or less did not have health insurance. For all income levels, there were an estimated 41,060 children under 18 who did not have health insurance in 2009. According to FY 2007 BRFSS survey data, 10.2% of Idaho households contained uninsured children.

Utilization of Medicaid in Idaho average compared to the rest of the nation. In 2009 35% (147,049) of Idaho's children were Medicaid recipients, which is comparable to the average off the U.S. population enrolled in Medicaid. Additionally, in 2005 the AAP estimated that about 53%of children eligible for Medicaid in Idaho are actually enrolled in the program, which is on par with national averages.

According to the CQ Press, Health Care State Rankings 2010, Idaho ranked 49th for "rate of physicians in 2008" with 201 per 100,000 population. Idaho ranked 49th for "rate of physicians in primary care in 2008" with 67 per 100,000 population. Currently, 96.7% of the state's area has a federal designation as a Health Professional Shortage Area in the category of Primary Care, 93.9% in Dental Health, and 100% in Mental Health. The isolation of many Idaho communities makes it very difficult and expensive to provide health services, especially to low income individuals. The counties hardest to serve are the most isolated and those with the lowest populations such as Camas county, population 1,126, and Clark county, population 910. Providing services to frontier counties that do not have clinic sites is challenging.

According to the 2009 Idaho Kids Count Book, 13 percent of Idaho children under age 18 are without health insurance coverage, up from 11.4 percent in 2006. SCHIP enrollment for Idaho's children has an average annual growth rate of 24.5% (33,060 enrolled in 2007 and 19,054 in 2004), which is over 4 times the national growth rate of 5.69%.

Oral Health

In 2002 only 10% of Medicaid-enrolled received any form of dental treatment and only 6% received any preventive dental services. The 2001 Idaho Smile Survey results determined 64% of Idaho 2nd grade children had experienced dental caries and 28% had untreated dental caries. In Idaho there is a large disparity between Hispanic and Non-Hispanic individuals and also between lower and upper levels of income. Among Hispanic 2nd grade students, 79% had dental caries; and of those children 52% had unmet dental needs. Among students participating in the Free and Reduced Lunch Program, 66% had dental caries and 32% had unmet dental needs. Approximately 65% of the adults 18 and older in Idaho visited a dentist in 2006.

A 2006 Idaho Oral Health Needs Assessment identified the following oral health facts about the state. 67% of the population visited the dentist or dental clinic within the past year. 65% of the population had their teeth cleaned by a dentist or dental hygienist within the past year. 23% of the population age 65+ have lost all of their teeth. 44% of the population age 65+ have lost 6 or more teeth. 48% of the population on public water systems is receiving fluoridated water. 52% of 3rd grade students have one or more sealants on their permanent first molar teeth. 65% of 3rd grade students had caries experience (treated or untreated tooth decay). 26% of 3rd grade students had untreated tooth decay.

The Idaho Oral Health Needs Assessment also identified the following barriers to oral heath. The cost of dental treatment and services is one of the most common barriers. It does not matter if the patients are insured it is still a major factor for not getting dental care. There are many rural areas in Idaho and dental patients often have a difficult time traveling to a dental care provider. If a patient is in need of specialty care they often have to travel to the more metropolitan areas, adding costs to patients' treatment. Patients need to be educated about the importance of oral health in relationship to overall health. They also need to be educated about the new advancements in dentistry to help reduce their dental fear. There is a growing Hispanic population in Idaho and the language barrier continues to grow.

The Idaho Medicaid Program has not been able to fill the gap in providing dental care to low-income children. The Surgeon General's Report on Oral Health (2000) in America shows that for each child without medical insurance, there are at least 2.6 children without dental insurance. With Medicaid reform and an emphasis on preventive health, Medicaid recipients now receive preventive dental visits through the Idaho Smiles dental plan.

The Oral Health Program continues to fund the statewide School Fluoride Mouthrinse Program, serving 35,700 children grades 1-6 in 2009. The MCH Oral Health Program continues to fund early childhood caries (ECC) prevention and fluoride varnish projects for WIC clients, Head Start children, and children who are Medicaid/CHIP eligible. During 2009, 41,206 children received preventive dental services, including 3,999 who received fluoride varnish applications, and 10,230 parents, teachers, dental and medical health professionals served through education and community outreach efforts.

Idaho does not have enough dentists accepting Medicaid/CHIP patients to meet the demand from this population, much less the low-income, uninsured population. Thirty-nine of Idaho's 44 counties are either a geographic or population group Dental Health Professional Shortage Area. As of December 2009, there were 863 active licensed dentists statewide. During state fiscal year 2009, the toll-free Idaho CareLine averaged 175 calls per month from persons seeking a Medicaid dentist. From July 2008 through June 2009, the CareLine received 2,094 calls for a Medicaid dentist.

Impact on Health Outcomes

Although our linking of these factors to health outcomes may not be empirical, a number of them as described above including: the state's rural nature, long travel distances, shortage of health care providers, economics, and conservative philosophy, may contribute to health care outcomes characterized by a low percentage of immunization in the two year old population, low prenatal care utilization, a high percentage of uninsured children, and a low accessibility to pediatric specialists. Moreover, the conservative outlook has kept government involvement to a minimum. This limits the impact that government driven programs can have on many health outcomes. An example is the limitation on covered conditions in the Children's Special Health Program. Additionally, the rural and agricultural nature of the state has a strong association with high death rates due to motor vehicle accidents as well as other injuries and may also contribute to the high suicide rate, which is also seen in other western states.

Current MCH Initiatives

In Idaho, Title V programs exist within the broad continuum of health care delivery systems. The programs have responded to change based upon their relevance to the priority health concerns identified by the needs assessment process. In turn, programs have attempted to implement strategies and activities based upon their effectiveness in impacting outcomes as well as their acceptability within the targeted populations.

The Bureau of Clinical and Preventive Services, as the Title V agency, continues to play a major role in assuring the quality and access to essential maternal and child health services in Idaho. We have worked to ensure that the expansion of Medicaid managed care enables women, infants and children to receive high-quality, comprehensive services. We continue to pursue an enhancement of Medicaid for family planning services, which will reduce unintended pregnancy and improve the well being of children and families. Additionally, we have submitted a proposal within the Department of Health and Welfare to use TANF/TAFI funds to provide family planning services to reduce out-of-wedlock births. No decision has been made to date. We have collaborated with Medicaid to review the payment reimbursement schedules currently used for clinic activities for Medicaid eligible children in our Children's Special Health Program (CSHP). We have facilitated discussions between Medicaid and the District Health Departments to improve referral to and the use of CSHP coordinators and district health staff in Medicaid-funded care coordination. These meetings resulted in clarifying policies, identifying staff relationships between the two units, and each access unit developing/implementing a written protocol for the process.
Staff from Idaho's CSHCN program have been developing materials for a new Transition-to-Adulthood curriculum for distribution to Idaho's children with special healthcare needs. In addition to the materials, CSHP staff travel to relevant meetings and conferences around the state presenting the information in workgroup and breakout sessions, as well as staffing a booth where materials are distributed.
Staff from the Newborn Blood-spot Screening program continue to work with existing and new Idaho birthing centers to improve compliance with the newborn screening methodologies. With this continued support, Idaho continues to enjoy high compliance rates and low unsatisfactory specimen numbers.

As of May 2010, the Idaho State immunization registry, IRIS, has 1,001 active facilities which include VFC providers, private providers, health departments, schools, daycares and out-of-state clinics. 726,758 patients have enrolled in the system, with a total of 6,812,573 vaccinations delivered to them. Of those patients, 413,899 are under 18 years of age. Historically the IRIS system has been opt-in and about 94% of families chose to opt their children in at birth. During the 2010 legislative session, the Idaho Legislature approved new program rules that makes the IRIS system opt-out instead of opt-in, which should increase participation in the registry. IRIS providers can enter vaccination information through hand data entry, electronic data importing or send records to the Idaho Immunization Program for data entry. Routine monitoring of the data quality in the IRIS system is a high priority and the since 2008 the Idaho Immunization Program has performed regular data quality assessments of vaccination data.

The Department of Health and Welfare 2007-2011 Strategic Plan is comprised of three goals: 1) Improve the health status of Idahoans; 2) Increase the safety and self-sufficiency of individuals and families; and 3) Enhance the delivery of health and human services. A separate, but integrated Department Customer Service Plan was put forth in October 2007. The customer service standards -- the 4 c's -- are caring, competence, communication, and convenience. Last, though certainly not least, MCH staff are monitoring the impacts and opportunities arising from the national healthcare reform legislation, as we expect this new law to have sweeping effects on the MCH population and programs in Idaho.

Current MCH Priorities

A 5-year Needs Assessment was conducted during 2009 and 2010, with significant public input, to establish Idaho's MCH priorities for the coming five-year period. The survey garnered 189 completed responses within the following self-identified groups:
* Individual (parent, guardian, self) - 36.4%
* Representative of a government agency -- 34.5%
* Representative of a non-profit group -- 14.3%
* Representative of a for-profit company -- 2.3%
* Other -- 12.4%

The intent of the survey was to establish the MCH state priorities for the next five years, and the results of the survey were ranked by the various demographic groups (full rankings attached). The rankings that were selected to set the priorities for the next five years are the "All Idaho" rankings, and not those of the subset of the respondents. Below is a list of the seven Idaho state priorities for the next five years, arranged by target group.

Pregnant Women and Infants
* Reduce premature births and low birth weight
* Reduce the incidence of teen pregnancy
* Increase percent of women incorporating preconception planning and prenatal heath practices
Children and Adolescents

* Improve immunization rates
* Decrease the prevalence of childhood overweight and obesity
* Reduce intentional injuries in children and youth

Children with Special Healthcare Needs
* Improve access to medical specialists for CSHCNs

B. Agency Capacity

The State Title V agency in Idaho remains within the Division of Health of the Idaho Department of Health and Welfare. Administrative oversight of the Maternal and Child Health Services Block Grant is vested with the Bureau of Clinical and Preventive Services (BOCAPS). The BOCAPS is responsible for the MCH Block Grant (Title V), family planning (Title X), STD/AIDS (including prevention and Ryan White CARE Act, Title II), WIC, programs for children with special health care needs (CSHCN), the SSDI position and grant, the newborn metabolic screening program and genetics and metabolic clinics. The chief of BOCAPS provides additional fiscal oversight and program review for injury prevention, oral health, adolescent abstinence education grant, perinatal data analysis, and toll-free hotline activities. Organizational charts for the Idaho Department of Health and Welfare, Division of Health, Bureau of Clinical and Preventive Services, Bureau of Community and Environmental Health , Bureau of Health Policy and Vital Statistics and Division of Family and Community Services are attached in the TVIS system.

The Idaho Department of Health and Welfare was formed in 1974 pursuant to Idaho Code 39-101 to "promote and protect the life, health, mental health, and environment of the people of the state." The Director is appointed by the Governor and serves "at will." S/he serves as Secretary to the state's Health and Welfare Board with seven other appointed representatives from each region of the state. The Board is charged with formulating the overall rules and regulations for the Department and "to advise its directors." Programmatic goals and objectives are developed to meet the specific health needs of the residents of Idaho and to achieve the Healthy People 2010 (HP) objectives for the nation.

Bureau of Clinical and Preventive Services (BOCAPS)

As a derivative agency of the Department of Health and Welfare, BOCAPS functions under the statutory authority described above. That portion of the Bureau's mission, related to maternal and child health, fulfills the responsibility of Code 39-101. There is no specific state statutory authority to provide guidance or limit the Bureau's capacity to fulfill the purposes of Title V.

Newborn Screening Program

In 1965, state legislation (Idaho Code Sections 39-909, 39-910, 39-911, and 39-912) was passed mandating testing for "phenylketonuria and preventable diseases in newborn infants." The current newborn test battery includes screening for all 29 conditions recommended by the March of Dimes, and several other conditions for a total of 45 conditions.

Children's Special Health Program.

The Children's Special Health Program (CSHP) is administratively located in BOCAPS. CSHP is governed by IDAPA 16, Title 02, Chapter 26 "Rules Governing the Idaho Children's Special Health Program." The Program is statutorily limited to serving individuals in eight major diagnostic categories: Cardiac, Cleft Lip and Palate, Craniofacial, Cystic Fibrosis, Neurological, Orthopedic, Phenylketonuria (PKU), and Plastic/Burn. Services are limited to children under 18 years of age, and -- except for PKU and cystic fibrosis -- to children without creditable health insurance using the SCHIP definition of "creditable."

The individuals providing program management and their qualifications are listed as follows:

Bureau of Clinical and Preventive Services

Dieuwke Spencer, RN, MSA, is Idaho's MCH Director. Ms. Spencer joined the MCH program in December of 2005 and holds the title of Chief of the Bureau of Clinical and Preventive Services.

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Kathy Cohen, RD, MS, has been the Manager of the Family Planning STD and HIV Programs since December 2006, and has many other years of experience with the Division of Public Health as manager of the WIC program, and in the Epidemiology program. Ms. Cohen manages the Title X family planning grant, the STD program, the HIV/AIDS care program and the HIV prevention program.

Mitchell Scoggins, MPH, has been the director of Idaho's CSHCN program since May 2007. Mr. Scoggins comes to Idaho with several years of experience implementing public health and other programs in developing countries. Some of these projects have included; family planning, child survival, micro-enterprise, HIV/AIDS prevention, food security, agricultural development, and disaster relief.

Carol Christiansen, BSN, RN, joined CSHP on the 21st of April 2008, in the role of Nurse, Registered Senior. Ms. Christiansen coordinates the newborn screening activities and provides care coordination for CSHP's clients. Ms. Christiansen comes to Idaho with 14 years of experience in Florida's Children's Medical Services program, and is well qualified to bring clinical and programmatic expertise to CSHP.

Kris Spain M.S., R.D., L.D., is the new manager of the WIC program having accepted the position in March of 2010. Prior to accepting the manager position, Ms. Spain served with the Idaho state WIC office for 6 years, and 3 years in a local WIC clinic.

Emily Geary, M.S., R.D., L.D., has worked as the Nutrition Education Coordinator for the Idaho WIC Program since 1998.

Marie Collier R.D., L.D., provides assistance to the MCH block grant regarding promoting reducing the percentage of children ages 2 to 5 years, receiving WIC services, with a Body Mass Index at or above the 85th percentile.

Cristi Litzsinger R.D., L.D. I.B.C.L.C., has served as the State Breastfeeding Promotion and

Outreach Coordinator for the Idaho WIC Program since 2004. Prior to joining the Idaho program Ms. Litzsinger worked with WIC in Alaska.
Edward (Ward) Ballard, Principle Research Analyst, is the dedicated analyst for MCH.

Office of Epidemiology, Food Protection and Immunization
Christine Hahn, M.D., has been the State Epidemiologist since February 1997. Dr. Hahn provides epidemiological support and consultation to all Title V programs.

Leslie Tengelsen, Ph.D., D.V.M., has been the Deputy State Epidemiologist since 1998. Dr. Tengelsen, in her role as deputy state epidemiologist and designated state public health veterinarian, provides epidemiologic support and consultation on public health aspects of zoonotic, vectorborne, and foodborne diseases. Children, pregnant women, or individuals with other preexisting medical conditions or other risk factors may be particularly vulnerable to some of these diseases, including pathogens associated with foods of animal origin (such as Salmonella and E. coli). Services are routinely provided to health district staff, members of the health care community, other IDHW programs, and as a liaison to other state agencies, as needed during the management of zoonotic and foodborne diseases.

Bureau of Community and Environmental Health

Steve Manning is the Manager of the Injury Prevention and Surveillance Program located within the Bureau of Community and Environmental Health. The Injury Prevention Program is focusing a lot of attention on the prevention of injuries by motor vehicles.

Mimi Hartman-Cunningham, M.A., RD, C.D.E., has managed the Diabetes Program since 1997 and the Oral Health Program since 2008. Both of these programs are located in the Bureau of Community and Environmental Health.
Mercedes Munoz, M.P.A., supervises the Adolescent Pregnancy Prevention program, and Sexual Violence Prevention program, since 2008.

Jamie Harding M.H.S., A.T.C., C.H.E.S., manages the Idaho Physical Activity and Nutrition Program. Ms. Harding has managed this program since 2008.

Bureau of Health Planning and Resource Development

Angela Wickham, M.P.A., a nine year employee of the Department of Health and Welfare, is the Chief of the Bureau of Health Planning and Resource Development.
Mary Sheridan, RN, MBA, is the Manager of the Rural Health and Primary Care program. As the manager, she coordinates state programs to improve health care delivery systems for rural areas of the state. Ms. Sheridan has held this position since 2003.

Laura Rowen, MPH, manages the State Office of Rural Health and Primary Care. Her role is to assess the state for areas of medical under service, barriers in access to health care, and identification of health disparities.

Bureau of Vital Records and Health Statistics

James Aydelotte is the Chief of the Bureau of Vital Records and Health Statistics since February 2007. Mr. Aydelotte has been with the Bureau for ten years.

Jacqueline Daniel has been a Principle Research Analyst since August of 2005. She is responsible for computing and analyzing health statistics regarding prenatal care, maternal risk factors, and birth outcomes. She manages the yearly Pregnancy Risk Assessment Tracking System (PRATS). Ms. Daniel is the current SSDI Program Manager for Idaho and serves on the Advisory Board for the Idaho Perinatal Project.

Division of Family and Community Services

The coordinator position for the immunization registry, IRIS, has been vacant since February 2010, and a replacement is being sought.

Alberto Gonzalez is the 2-1-1 Idaho CareLine supervisor for our toll-free referral service.

Public Health Districts

District health departments, who carry out implementation of state strategies through contracts, are staffed by public health professionals from nursing, medicine, nutrition, dental hygiene, health education, public administration, computer systems, environmental health, accounting, epidemiology, office management, and clerical support services. A number of key staff have public health training at the master's level. MCH needs are addressed at the seven districts through activities of personnel in 44 county offices. Title V resources support these efforts through technical assistance, training, and selected materials/supplies. The main funding streams that complement Title V are county funds, fees, the State General Fund, Title X, Preventive Health and Health Services Block Grant, CDC's Immunization grant, HIV/AIDS Programs and the WIC Program

C. Organizational Structure

Much of the statewide service delivery for MCH is carried out by the public health districts and other non-profit and community based organizations through written contracts. The contracts are written with time-framed and measurable objectives, and are monitored with required progress reports. Site visits are made to programs as part of monitoring both performance and adherence to standards. A description of the MCH programs and their capacity to provide services for each population group follows.

Pregnant Women, Mothers and Infants

The Family Planning, STD and HIV Programs, provide reproductive health exams, counseling and preventive health education to women of childbearing age. Clinical services and community education are also targeted for adolescents. The WIC Program provides pregnant and postpartum women and infants and children through age four with supplemental foods, nutrition counseling and education.

The Immunization Program purchases and distributes vaccines to public and private health care providers in Idaho with the bulk being used to immunize the 0-2 year old population. Additionally, the program maintains a surveillance effort to record childhood immunization levels among two-year old and school age children. They also assist in the investigation of outbreaks of vaccine-preventable diseases and the promotion of immunizations through statewide media campaigns. The Immunization Program fills a key role in promoting and implementing a statewide immunization registry called IRIS, the Idaho Immunization Reminder Information System. During the 2010 legislative session, the Idaho legislature created the Immunizations Advisory Committee to advise and set policy for immunizations in Idaho.

The Newborn Screening program provides newborn metabolic screening through a contract with the Oregon Public Health Laboratory. As of July 2007, the Idaho NBS program screens for all 29 conditions recommended by the March of Dimes, and for several others. Medical information relative to conditions screened for is provided through contractors at the Oregon Health and Science University to Idaho physicians and other health care professionals involved with the follow-up of abnormal newborn screens.
Idaho's Genetics and Metabolic Services Program provides clinical services through contracts

with St. Luke's Children's Hospital in Boise and through outlying health districts, for genetic evaluation, diagnostic testing and counseling services for infants, children, and adolescents. Due to increased demand, MCH-funded genetic clinical service days have been increased by 50% in the last two years. As a result of the MCH program's funding a genetic specialist to provide services in Boise, St. Luke's hospital has contracted additional services from the geneticist, resulting in great genetic services infrastructure in Idaho.
Children

The Bureau of Community and Environmental Health (BCEH) administers the Title V programs of Oral Health, Adolescent Pregnancy Prevention, and Injury Prevention. The other programs include several preventive health education programs such as diabetes, and tobacco use prevention. This bureau provides consultation to assist local district health departments, industries, schools, hospitals and nonprofit organizations in providing preventive health education.

The Oral Health Program contracts with the district health departments to perform surveys of oral health status, as well as to conduct the school fluoride mouth rinse program, preventive dental health education, early childhood caries prevention fluoride varnish projects, and school sealant projects.

The Injury Prevention Program manages and coordinates Department contract with Rocky Mountain Poison and Drug Center, and coordinates activities associated with National Poison Prevention Week. The program also provides community-based prevention education for child safety seat, seatbelt and bicycle safety programs through the work of unintentional injury prevention coalitions.

Children with Special Health Care Needs.

The Children's Special Health Program (CSHP) provides and promotes direct health care services in the form of family centered, community-based, coordinated care for un-insured children with special health care needs, including phenylketonuria (PKU) and nutrition services for high-risk children and social, dental, and medical services for a number of diagnostic eligibility categories including, neurologic, cleft lip/palate, cardiac, orthopedic, burn/plastic, craniofacial and cystic fibrosis.
CSHP is administered from the central office of the Department of Health and Welfare, where a senior RN does care coordination and prior-authorization for services. A 1.0 FTE Program Manager, a 1.0 FTE Senior Registered Nurse, and 1.0 FTE Administrative Assistant staff the CSHP program. In addition, services for children with special healthcare needs not covered by other insurance are coordinated through CSHP (Note: Even insured children with PKU and cystic fibrosis are covered). A registered and licensed dietitian provides technical support through a contract with CSHP to assure PKU and special nutritional needs are met. An additional out-of-state RD/LD is employed by CSHP the improve the metabolic-dietitian capacity of Idaho's RDs. A metabolic and a genetic physician are also employed part-time by CSHP to provide services in Idaho. The two physicians live and work in Portland, but travel to Idaho periodically to provide services not otherwise available in this state.

All MCH Populations

The Office of Epidemiology, Food Protection and Immunization provides health status surveillance and guidance for infectious and chronic disease activities and disease cluster investigation directed to all segments of the maternal and child health population. This office is also responsible for the implantation of Idaho's immunization activities.

The Family Planning, STD and HIV Program provides HIV prevention education activities as well as counseling and testing. It also distributes HIV/AIDS therapeutic drugs to eligible clients. This program also manages the Title X Family Planning Grant.

The toll-free telephone referral service, Idaho CareLine, provides information and referral service on a variety of MCH, CSHCNs, Infant Toddler, and Medicaid issues to callers, thus serving all segments of the MCH population. The Idaho CareLine has been expanded to play the central role of the clearinghouse on services available for young children in Idaho and is under the administration of the Division of Family and Community Services.

The Bureau of Health Policy and Vital Statistics administers programs that provide for a statewide system of vital records and health statistics. The bureau employs a Perinatal Data Analyst who is currently reviewing a variety of perinatal health status indicators and has conducted a Pregnancy Risk Assessment Tracking System survey (PRATS) of women who have recently delivered. Additionally, the bureau conducts population-based surveys, i.e., the BRFSS.

The Bureau of Health Planning and Resource Development manages activities focused on improving services in rural and underserved areas. They work closely with hospitals, federally qualified health centers, emergency medical service providers, local district health departments, associations, universities and other key players in the Idaho health system.

An attachment is included in this section.

D. Other MCH Capacity

All state level MCH funded personnel are located within the Department of Health and Welfare's central office building. Other Division of Public Health programs offering collaboration and support services to Title V staff, such as the Immunization Program, the Bureau of Community and Environmental Health, the Family Planning, STD and HIV Program, the WIC Program, Bureau of Laboratories, the Bureau of Health Planning and Resource Development, and the Bureau of Vital Records and Health Statistics are also housed within this same building. The Division of Medicaid is housed outside the Department's central offices. Genetics and metabolic clinical services, coordinated by the Bureau of Clinical and Preventive Services, are offered at the St. Luke's Children's Hospital in Boise, which is only five blocks away from the Health and Welfare offices. Metabolic clinics are also held in northern and eastern Idaho. Distance does not deter joint collaboration, which occurs via periodic meetings, telephone, electronic mail, a web-enabled database system, and FAX communication.

A program coordinator and a secretary staff the Oral Health Program.

The MCH Systems Coordinator (funded partly through the State Systems Development Initiative and partly MCH block grant), is housed in the Bureau of Health Policy and Vital Statistics.

The toll-free telephone referral line is supported by a Community Services Coordinator and several Public Service Representatives jointly funded through Title V and Part H of the Individuals with Disabilities Education Act (IDEA), Medicaid and other programs using the service.

Most of the programs receiving MCH Block Grant funding are housed with the Bureau of Clinical and Preventive Services, which is designated as the Title V State Agency. These programs include: Children's Special Health, Family Planning, STD and HIV Program, the Newborn Screening Program, WIC, Women's Health Check, and Genetic/Metabolic Services. Within the Bureau of Community and Environmental Health programs receiving MCH Block Grant funds are: Injury Prevention & Environmental health Programs, and Oral Health & Diabetes, and Physical Activity and Nutrition. The Bureau of Vital Records and Health Statistics also receives MCH block grant funding. Finally, within the Division of Family and Community Services the Idaho CareLine receives direct MCH block grant funding.

There are a number of other programs within the Department of Health and Welfare that are tied in varying degrees with the overall operation of MCH activities within Idaho. Several of these

receive MCH funds from other sources than the block grant. For instance, the Adolescent Pregnancy Prevention Program within the Bureau of Community and Environmental health receives MCH funds via the Adolescent Pregnancy Prevention Grant. The Bureau of Vital Records and Health Statistics is responsible for the SSDI grant.

There are a number of other programs under the umbrella Department of Health and Welfare that provide data for assessing program progress and also provide services within the MCH pyramid model to various MCH targeted populations. They include within the Bureau of Clinical and Preventive Services: the WIC Program and the Family Planning, STD and HIV Program; within the Bureau of Community and Environmental Health: the Tobacco Prevention and Control program and the Adolescent Pregnancy Prevention programs; within the Bureau of Vital Records and Health Statistics: Health Statistics and Surveillance; and within the Division of Family and Community Services: Idaho Children's Trust Fund, Council on Domestic Violence, Council on Developmental Disabilities, the Early Childhood Coordinating Council, and the Infant Toddler program.

Finally, most of the MCH programs have a strong working relationship with the Division of Medicaid. This agency provides much of the important data used in program assessment including providing data on Medicaid coverage as well as access to care issues. Also, each of the seven District Health Departments has strong ties to many MCH program through a contracting process to provide direct, population-based, enabling, or infrastructure services as defined by that MCH program.

E. State Agency Coordination

The Bureau of Clinical and Preventive Services, the Title V designated agency, collaborates formally and informally with a number of entities within and outside of the Department of Health and Welfare.

A formal agreement exists between the Divisions of Health and Medicaid. This agreement refers to the relationship of the two divisions concerning the Title XIX (Medical Assistance) Program, EPSDT Services for Children, EPSDT Child Welfare Services under Title IV of the Social Security Act, the Title V (Maternal and Child Health Block Grant) Program, the Title X (Family Planning) Program, and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

Collaborative efforts with the Division of Medicaid have allowed the Title V agency to provide input regarding Medicaid policy as it impacts the Title V population, specifically focusing the implementation of the Family Opportunity Act -- Buy In, and the CHIPRA grant which is a coordinated effort between Medicaid, the State of Utah, the 2-1-1- Idaho Careline, CSHP and the Immunization program.

A formal agreement between Title V and the Title X Family Planning, STD, and HIV Programs is unnecessary. All aspects of family planning services and clinics are supported through the Bureau of Clinical and Preventive Services.

The Bureau of Clinical and Preventive Services and the Bureau of Community and Environmental Health have a strong collaborative relationship. The BCEH bureau provides health promotion activities for injury prevention, adolescent pregnancy prevention, tobacco use prevention, oral health promotion, diabetes control, arthritis, and rape prevention. The Bureau of Community and Environmental Health collaborates with the MCH Director to impact those performance measures dealing with suicide, adolescent pregnancy prevention, protective tooth sealants, the comprehensive cancer control program and the Idaho Physical Activity and Nutrition Program..

The Title V designated agency also fulfills its role, mandated by the OBRA legislation, of

informing parents and others of available providers. This is accomplished through the funding of a toll-free telephone referral service designated Idaho 2-1-1 CareLine. This service is administered through the Division of Family and Community Services.

Councils, Coalitions, and Committees (State and Non-State Agencies)

There are many councils, coalitions, etc, which address MCH issues in Idaho. MCH staff formally serve on many of the bodies, and collaborate, as needed, with all of them.

a) The Pediatric Pulmonary Center Advisory Committee at Children's Hospital in Seattle provides advice concerning funding issues, program planning and data.
b) The MCH Director serves on the Early Childhood Coordinating Council
c) The Idaho Perinatal Project.
d) Emergency Medical Services for Children Taskforce
e) Perinatal Substance Abuse Prevention Project, funded by the Division of Family and Community Services, Bureau of Substance Abuse, this project is to develop statewide guidance for health care and other human service providers in identifying substance use among potentially pregnant women with the intent of intervening early for the prevention of substance affected newborns.
f) Disability Determinations Services (DDS) addresses the needs of children with special needs and their families.
g) Idaho's Rural Health Program (RHP), established to create a focal point for health care issues that affect the state's rural communities.
h) Idaho Newborn Hearing Screening Consortium provides funding for technical assistance to birthing hospitals for screening of newborns, provides public awareness, and collects statewide data.
i) Sexual Assault Prevention Advisory Committee.
j) The Idaho Oral Health Alliance, a group dedicated to improving the general health of Idahoans by promoting oral health and increasing access to preventive and restorative dental services.
k) Idaho Kids Count Editorial Board, a group whose expertise helps guide development of the Idaho KIDS COUNT Book and related efforts to track and promote the well-being of children in Idaho through research, education and mobilization strategies.
l) Association of State and Territorial Dental Directors Data Surveillance Committee.
m) The CSHCN Director serves on the Developmental Disabilities Council.
n) Idaho Immunization Coalition.
o) Comprehensive Cancer Alliance for Idaho (CCAI) - a partnership between many individuals and organizations to address issues relating to the impact of cancer in Idaho. The CCAI is working to reduce the number of preventable cancers and decrease late stage diagnosis of treatable and survivable forms of cancer by improving screening rates in Idaho and to improve the quality of life of Idahoans impacted by cancer.
p) Operation Pink B.A.G. (Bridging the Access Gap) - A coalition of agencies and hospitals in Southwestern Idaho, funded through the Boise Affiliate of Susan G. Komen Race for the Cure.
q) Breast and Cervical Cancer Medicaid Team - brings together 3 Divisions of IDHW to address unique issues relating to Women's Health Check clients who are diagnosed with breast or cervical cancer and transferred into the Medicaid system for the duration of cancer treatment.
r) Coordinated School Health Committee, an effort through the Division of Public Health and the Department of Education.
s) The Covering Idaho's Kids Coalition - Insurance coverage for children.
t) The CSHCN Director serves on the advisory board for Idaho Parents Unlimited (IPUL).
u) Canyon Area Coalition.
v) Idaho Safe Routes to School Advisory Committee - enable and encourage children to talk and bicycle to school; improve the safety of children walking and bicycling to school; and facilitate projects and activities that will reduce traffic, fuel consumption, and air pollution near schools.
w) Idaho Highway Safety Coalition -- reduce traffic deaths, injuries, and economic losses through outreach programs and activities that promote safe travel on Idaho's transportation systems.
x) Idaho Partnership for Hispanic Health. The main objective is to decrease health disparities

experienced by Hispanics in Idaho.
y) The Tobacco Free Idaho Alliance (TFIA) meets quarterly and is a statewide coalition.

Local Health Departments

The seven public health districts, representing all 44 counties, are not part of state government but are rather governmental entities whose creation has been authorized by the state as a single purpose district. They are required to administer and enforce all state and district health laws, regulations and standards. These entities provide the basic health services of public health education, physical health, environmental health, and public health administration. Some of the specific activities include: immunizations, family planning services, STD and HIV services, health promotion activities, communicable disease services, child health screenings, WIC, CSHP, and a variety of environmental health services including inspection of child care facilities.

The Title V agency implements program strategies through contracts with the public health districts. The core functions of public health - assessment, policy development, and assurance - are provided to the entire state through the collaboration of state and district health departments. Division of Public Health administration and staff meet monthly with the Directors of the district health departments.

Federally Qualified Health Centers/Community Health Centers

Idaho is served by eleven Community Health Centers with seventy sites that offer primary and preventive care. Dental and mental health behavioral services are also offered at many of these locations. The FQHCs and CHCs often represent the only health care available in rural areas, past partnerships have resulted in projects involving the migrant and seasonal farm workers population for initiatives targeting tuberculosis, family planning, STD/AIDS, diabetes, and breast and cervical cancer.

Universities

The Division maintains a relationship with all three of Idaho's universities. Past projects have included a needs assessment for high-risk populations for the HIV/AIDS Program by the University of Idaho and formal agreements to provide: faculty/staff collaboration, opportunities for graduate and undergrad students to work with the Division, joint research and data projects, curriculum development for graduate and undergrad programs, and strategic planning.

An attachment is included in this section.

F. Health Systems Capacity Indicators

Introduction

/2011/ While Idaho has some challenges and limitations in acquiring health data (e.g., no hospital data), we have established partnerships with both public and private stakeholders. //2011//

Health Systems Capacity Indicator 01: *The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Indicator	20.0	18.3	16.0	17.0	15.9
Numerator	111	100	91	100	99
Denominator	55482	54564	56950	58730	62348
Check this box if you cannot report the numerator because					

1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2009
Data reflects Medicaid and Idaho CHIP enrollees only. General hospitalization data not available.

Notes - 2008
Data reflects Medicaid and Idaho CHIP enrollees only. General hospitalization data not available.

Notes - 2007
Data reflects Medicaid and Idaho CHIP enrollees only. General hospitalization data not available.

Narrative:
Idaho has no hospital discharge data available, so we do not know the discharge rate for children or adults.

We will continue to educate health care providers through an Asthma Educator Institute with the American Lung Association of Washington, and by systematically promoting the newly revised National Heart, Lung, and Blood Institute (NHLBI) guidelines to all health care providers statewide.

While there is no way of knowing what impact these interventions may be having on hospitalization rates for children, they are all based on best practices and have been shown to assist other states in decreasing asthma-related hospitalization rates.

Health Systems Capacity Indicator 02: *The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Indicator	70.5	68.9	69.0	74.4	72.9
Numerator	16834	15798	16145	18177	18596
Denominator	23865	22930	23393	24439	25510
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Narrative:
The Division of Medicaid continues to work on a project to educate parents and providers regarding well baby clinics. This education includes reminding parents that check-ups are for when the child is well. Education is also being done with data entry staff so that coding is done properly.

Health Systems Capacity Indicator 03: *The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	38.7	43.3	43.6	46.0	46.0
Numerator	222	632	1156	1196	974
Denominator	574	1460	2652	2598	2116
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2008
Data Source: Medicaid

Notes - 2007
Data Source: Medicaid

Narrative:
The Division of Medicaid continues to work on a project to educate parents and providers regarding well baby clinics. This education includes reminding parents that check-ups are for when the child is well. Education is also being done with data entry staff so that coding is done properly. We will continue to work with Medicaid and monitor this closely as Medicaid Modernization is implemented in Idaho.

Health Systems Capacity Indicator 04: *The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	74.2	74.0	72.7	72.1	74.6
Numerator	16421	17230	17575	17747	17074
Denominator	22142	23296	24172	24616	22882
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2009
In 2004, the Idaho birth certificate was revised. Beginning in 2004, Idaho prenatal care data are based on date of first prenatal care visit as reported in the mother's medical record. Data are not comparable with Idaho or national data based on month prenatal care began. Prior to the revision, month prenatal care began may have been estimated from mother's recollection or based on information in mother's medical record.

Denominator is the total number of births to Idaho women aged 15-44 minus the number of births in which trimester prenatal
care began, number of visits, or length of gestation was unknown.

2009 Preliminary data are based on births filed with Vital Statistics as of 3/22/2010. Approximately 700 birth records have not been received from

out of state and final data will differ from preliminary data.

Notes - 2008
In 2004, the Idaho birth certificate was revised. Beginning in 2004, Idaho prenatal care data are based on date of first prenatal care visit as reported in the mother's medical record. Data are not comparable with Idaho or national data based on month prenatal care began. Prior to the revision, month prenatal care began data may have been estimated from mother's recollection or based on information in mother's medical record.

Birth records for 2008 not finalized as of date of entry.

Notes - 2007
In 2004, the Idaho birth certificate was revised. Beginning in 2004, Idaho prenatal care data are based on date of first prenatal care visit as reported in the mother's medical record. Data are not comparable with Idaho or national data based on month prenatal care began. Prior to the revision, month prenatal care began data may have been estimated from mother's recollection or based on information in mother's medical record.

Birth records for 2007 not finalized as of date of entry.

Narrative:
Data are for Idaho resident births and are based on records with known data for calculating the Index.

Health Systems Capacity Indicator 07A: *Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Indicator	87.1	88.6	86.2	84.9	86.0
Numerator	128422	124117	125596	122481	136168
Denominator	147366	140163	145682	144221	158298
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2009
Values reflect numbers of children aged <=19.

Notes - 2008
Values reflect numbers of children aged <=19.

Notes - 2007
Values reflect numbers of children aged <=19.

Narrative:
Medicaid data continues to indicate a downward trend. It may be difficult to interpret this change as Medicaid reform is implemented. We will watch this indicator closely as changes are made to Idaho's Medicaid system.

Health Systems Capacity Indicator 07B: *The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Indicator	51.0	55.5	43.3	62.8	67.6
Numerator	15345	19392	17821	25824	29788
Denominator	30069	34939	41156	41120	44075
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2009
Data Source: Medicaid
Includes Medicaid and Idaho CHIP enrollees only.

Notes - 2008
Data Source: Medicaid
Includes Medicaid and Idaho CHIP enrollees only.

Notes - 2007
Data Source: Medicaid
Includes Medicaid and Idaho CHIP enrollees only.

Narrative:
Medicaid is reimbursing doctors and midlevel providers for topical fluoride applications. Data is from Medicaid. As Idaho implements the Medicaid Modernization Program, there will be changes as Medicaid contracts with Blue Cross to cover dental services.

Health Systems Capacity Indicator 08: *The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Indicator	0.0	0.0	0.0	0.0	0.0

Numerator	0	0	0	0	0
Denominator	3244	1194	1261	4098	4437
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2009
As was reported in previous years, chilren who qualify for SSI in Idaho are automatically eligible for Mediciad. Since the Children's Special Health Program only serves children without insurance, this means the numerator remains at zero each year.

Notes - 2008
As was reported in previous years, chilren who qualify for SSI in Idaho are automatically eligible for Mediciad. Since the Children's Special Health Program only serves children without insurance, this means the numerator remains at zero each year.

Narrative:
All children who receive SSI in Idaho automatically qualify for a medical card through Idaho Medicaid. Medicaid is the payment source rather than Title V for all rehabilitative services needed.

Health Systems Capacity Indicator 05A: *Percent of low birth weight (< 2,500 grams)*

INDICATOR #05 ***Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State***	**YEAR**	**DATA SOURCE**	**POPULATION**		
			MEDICAID	**NON-MEDICAID**	**ALL**
Percent of low birth weight (< 2,500 grams)	2009	payment source from birth certificate	7.2	5.7	6.3

Narrative:
Birth certificate data from the Bureau of Vital Records and Health Statistics.

Health Systems Capacity Indicator 05B: *Infant deaths per 1,000 live births*

INDICATOR #05 ***Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State***	**YEAR**	**DATA SOURCE**	**POPULATION**		
			MEDICAID	**NON-MEDICAID**	**ALL**
Infant deaths per 1,000 live births	2008	payment source from birth certificate	7.8	4.1	5.8

Narrative:
Birth certificate data from the Bureau of Vital Records and Health Statistics.

Health Systems Capacity Indicator 05C: *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester*

INDICATOR #05 ***Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State***	**YEAR**	**DATA SOURCE**	**POPULATION**		
			MEDICAID	**NON-MEDICAID**	**ALL**
Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	2009	payment source from birth certificate	61.5	77.9	71.5

Narrative:
Birth certificate data from the Bureau of Vital Records and Health Statistics.

Health Systems Capacity Indicator 05D: *Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])*

INDICATOR #05 ***Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State***	**YEAR**	**DATA SOURCE**	**POPULATION**		
			MEDICAID	**NON-MEDICAID**	**ALL**
Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])	2009	payment source from birth certificate	68.3	78.7	74.6

Narrative:
Birth certificate data from the Bureau of Vital Records and Health Statistics.

Health Systems Capacity Indicator 06A: *The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs. - Infants (0 to 1)*

INDICATOR #06 **The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.**	**YEAR**	**PERCENT OF POVERTY LEVEL Medicaid**
Infants (0 to 1)	2009	133
INDICATOR #06 **The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, Medicaid and pregnant women.**	**YEAR**	**PERCENT OF POVERTY LEVEL SCHIP**
Infants (0 to 1)	2009	185

Narrative:
Medicaid and SCHIP eligibility requirements. Eligibility requirements changed with the implementation of Idaho's Medicaid Modernization plan. Eligibility gaps in service coverage have been eliminated by adopting the Idaho Medicaid benchmark packages. Additionally, Idaho removed the asset test (resource limit) from all children's Title XIX and XXI programs.

Idaho Medicaid created tailored benefit plans for:
1) low income children and working-age adults,
2) individuals with disabilities or special health needs, and
3) elders or those otherwise dually eligible for Medicaid and Medicare.

Health Systems Capacity Indicator 06B: *The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs. - Medicaid Children*

INDICATOR #06 **The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.**	**YEAR**	**PERCENT OF POVERTY LEVEL Medicaid**
Medicaid Children (Age range 1 to 5) (Age range 6 to 16) (Age range 17 to 18)	2009	 133 133 133
INDICATOR #06 **The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, Medicaid and pregnant women.**	**YEAR**	**PERCENT OF POVERTY LEVEL SCHIP**
Medicaid Children (Age range 1 to 5) (Age range 6 to 16) (Age range 17 to 18)	2009	 185 185 185

Narrative:
Medicaid and SCHIP eligibility requirements. Eligibility requirements changed with the implementation of Idaho's Medicaid Modernization plan. Eligibility gaps in service coverage have been eliminated by adopting the Idaho Medicaid benchmark packages. Additionally, Idaho removed the asset test (resource limit) from all children's Title XIX and XXI programs.

Idaho Medicaid created tailored benefit plans for:
1) low income children and working-age adults,
2) individuals with disabilities or special health needs, and
3) elders or those otherwise dually eligible for Medicaid and Medicare.

Health Systems Capacity Indicator 06C: *The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs. - Pregnant Women*

INDICATOR #06 **The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.**	**YEAR**	**PERCENT OF POVERTY LEVEL Medicaid**
Pregnant Women	2009	133
INDICATOR #06 **The percent of poverty level for eligibility in the State's SCHIP**	**YEAR**	**PERCENT OF POVERTY LEVEL**

programs for infants (0 to 1), children, Medicaid and pregnant women.		SCHIP
Pregnant Women	2009	500

Notes - 2011
Not eligible for pregnant women aged 19 and above. 500 entered to save form.

Narrative:
Medicaid and SCHIP eligibility requirements. Eligibility requirements changed with the implementation of Idaho's Medicaid Modernization plan. Eligibility gaps in service coverage have been eliminated by adopting the Idaho Medicaid benchmark packages. Additionally, Idaho removed the asset test (resource limit) from all children's Title XIX and XXI programs.

Idaho Medicaid created tailored benefit plans for:
1) low income children and working-age adults,
2) individuals with disabilities or special health needs, and
3) elders or those otherwise dually eligible for Medicaid and Medicare.

Health Systems Capacity Indicator 09A: *The ability of States to assure Maternal and Child Health (MCH) program access to policy and program relevant information.*

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3)	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	2	Yes
Annual linkage of birth certificates and newborn screening files	1	No
REGISTRIES AND SURVEYS Hospital discharge survey for at least 90% of in-State discharges	1	No
Annual birth defects surveillance system	1	No
Survey of recent mothers at least every two years (like	3	Yes

PRAMS)		

Notes - 2011

Narrative:
The manager of the PRATS program is working on a project linking WIC data, birth certificates and PRATS data.

Health Systems Capacity Indicator 09B: *The Percent of Adolescents in Grades 9 through 12 who Reported Using Tobacco Product in the Past Month.*

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	No

Notes - 2011

Narrative:
A weighted YRBS survey is conducted every two years, with the last survey taken in 2009.

In 2009, the total percentage in reporting tobacco use in the past month w3as 14.5% (Males - 14.1% and Females - 14.8%). See State Performance Measure 4 for activities.

IV. Priorities, Performance and Program Activities

A. Background and Overview

Being the beginning of a new 5-year cycle, the Idaho Title V programs embarked upon a process to establish the state priorities for the next five years. In mid-2009 the MCH Director formed a Needs Assessment Committee composed of the following Department of Health and Welfare staff:

* The Administrator for the Division of Public Health,
* The Special Assistant to the Administrator, DoPH,
* The Chief of the Bureau of Vital Records and Health Statistics,
* The MCH Director and Chief of the Bureau of Clinical and Preventive Services,
* The CSHCN Director and Manager of the Children's Special Health, Newborn Screening, and Genetics Services Programs,
* The MCH Data Analyst, and
* A Principle Research Analyst from Health Statistics who is in charge of the Pregnancy Risk Tracking System and is the Manager of the SSDI Project.

This committee has met several times over the past year to set methodologies, gather data, and process information as it came in. Secondary data was gathered from a host of sources including, though not limited to;
National Resources-
*Women's Health USA, 2009
*Child Health USA 2008-2009
*America's Children: Key National Indicators of Well-Being, 2009
*Catalyst Center State-at-a-Glance Chartbook, 2007
*Reaching Kids: Partnering with Preschools and Schools to Improve Children's Health, 2009
* The Health and Well-Being of Children: A Portrait of States and the Nation, 2007
*Healthy People 2020
*The National Survey of CSHCNs Chartbook 2005-2006

Idaho Resources-
* Idaho Behavioral Risk Factors, 2009
* 2007 Annual Report from the Pregnancy Risk Assessment and Tracking System,
* 2007 Idaho Vital Statistics Report,
* The Burden of Cardiovascular Disease in Idaho, 2009

In addition to secondary sources, the committee gathered primary Needs Assessment-specific data through two surveys. The main survey was requesting state-wide input about which MCH priorities the state should set for the next 5-year period. There were a total of 191 valid responses to this survey with more than one third (36.4%) of the respondents being individuals, as opposed to government or non-profit representatives. A secondary survey was targeted directly at the families of Children with Special Healthcare Needs and sought to quantify the issue of geographic lack of access to medical specialists in Idaho.

After the survey results were analyzed, the top seven priorities - as selected by all respondents to the survey - were selected as Idaho's state priorities for the next five years.

B. State Priorities

Based on the results of the 2010 needs assessment, these priorities were identified. Following each priority is the measures that will feed into monitoring it.

NPM -- National Performance Measures SPM -- State Performance Measures

NOM -- National Outcome Measures HSCM -- Health Systems Capacity Measure
HSCI -- Health System Capacity Indicator HSI -- Health Status Indicator

PREGNANT WOMEN AND INFANTS

- Reduce premature births and low birth weight.
  - NPM 15 Percentage of women who smoke in the last 3 months of pregnancy.
  - NPM 18 Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.
  - NOM 1 The infant mortality rate per 1,000 live births.
  - NOM 3 The neonatal mortality rate per 1,000 live births.
  - HSCI 5 Comparison of health system capacity indicator for Medicaid, non- Medicaid and all MCH populations in the State.
  - HSI 01A Percent of live births weighing less than 2,500 grams
  - HSI 01B Percent of singleton births weighing less than 2,500 grams
  - HSI 02A Percent of live births weighing less than 1,500 grams
  - HSI 02B Percent of live singleton births weighing less than 1,500 grams

- Reduce the incidence of teen pregnancy.
  - NPM 8 The rate of birth (per 1,000) for teenagers aged 15-17 years.
  - SPM 1 Percent of 9th -- 12th grade students that report having engaged in sexual intercourse.
  - HSI 07A Live births to women of all ages enumerated by maternal age and race I

- Increase the percent of women incorporating effective preconception and prenatal health practices.
  - NPM 15 Percentage of women who smoke in the last 3 months of pregnancy.
  - NPM 18 Percentage of infants born to pregnant women receiving prenatal care beginning in the first trimester.
  - SPM 2 Percent of pregnant women 18 and older who received dental care during pregnancy.
  - SPM 4 Percent of women 18 and older who fell into the "normal" weight category according to the Body Mass Index (BMI=18.5 to24.9) prior to pregnancy.
  - SPM 5 Percent of women 18 and older who regularly (4 or more times per week) took a multivitamin in the month prior to getting pregnant.
  - SPM 6 Percent of women 18 and older who gave birth and drank alcohol in the 3 months prior to pregnancy.
  - HSCM 4 Percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

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CHILDREN AND ADOLESCENTS

- Improve immunization rates.
  - NPM 7 Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.
  - SPM 7 Percent of children at kindergarten enrollment who meet state immunization requirements.
  - SPM 8 Percent of children at seventh grade enrollment who meet state immunization requirements..

- Decrease childhood overweight and obesity prevalence.
  - NPM 11 Percentage of mothers who breastfeed their infants at 6 months of age.

- o NPM 14 Percent of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.
- o SPM 3 Percent of 9th -- 12th grade students that are overweight.

- Reduce intentional injuries in children and youth.
  - o NPM 16 The rate (per 100,000) of suicide deaths among youths aged 15 -- 19.
  - o NOM 1 The infant mortality rate per 1,000 live births.
  - o NOM 4 The post-neonatal mortality rate per 1,000 live births.
  - o NOM 6 The child death rate per 100,000 children aged 1 through 14.

CHILDREN WITH SPECIAL HEALTH CARE NEEDS

- Improve access to medical specialists for CSHCNs.
  - o NPM 3 The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home.
  - o NPM 4 The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need.

An attachment is included in this section.

C. National Performance Measures

Performance Measure 01: *The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	100	100	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	28	17	31	30	19
Denominator	28	17	31	30	19
Data Source				Idaho Newborn Screening Program	Idaho Newborn Screening Program
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	100	100	100	100	0

a. Last Year's Accomplishments

The Idaho Newborn Screening Program created two table-top displays which are used to present information at meetings and conferences around the state such as the Idaho Perinatal Project

Annual Conference. Materials such as the Idaho Practitioners Manual and the NBS borchure are also distributed at these events.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Newborn Screening follow-up staff continue to provide in-services trainings to NBS providers (birthing facilites, midwives, and family practice offices) around Idaho, to improve compliance with NBS protocols.			X	X
2. NBS staff provide short-term follow-up from the point of an abnormal NBS screen through confirmatory testing to treatment (if necissary).		X	X	X
3. New administrative rules governoring the Idaho NBS program were passed during the 2010 legislative session. These new rules now mandate the second newborn screen for all Idaho-born babies.				X
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
This legislative session, January through April 2010, the newborn screening program took forward changes to administrative rules which were approved by the legislature. Significant changes include; two newborn screens are now mandated for each Idaho birth, and language was written into the rules to insure proper use of collected newborn screening samples.

c. Plan for the Coming Year
Idaho's NBS program is running very well, so next will with continue with in-service trainings ongoing at all birthing centers in Idaho, and - as needed - as physician's practices where second screening samples are drawn.

Some consideration is being given to adding Krabbe to the NBS panel.

Form 6, Number and Percentage of Newborns and Others Screened, Cases Confirmed, and Treated

The newborn screening data reported on Form 6 is provided to assist the reviewer analyze NPM01.

Total Births by Occurrence:	**23245**			
Reporting Year:	**2009**			
Type of Screening Tests:	**(A) Receiving at least one Screen (1)**	**(B) No. of Presumptive Positive Screens**	**(C) No. Confirmed Cases (2)**	**(D) Needing Treatment that Received**

					Treatment (3)	
	No.	%	No.	No.	No.	%
Phenylketonuria (Classical)	23194	99.8	3	1	1	100.0
Congenital Hypothyroidism (Classical)	23194	99.8	79	7	7	100.0
Galactosemia (Classical)	23194	99.8	4	0	0	
Sickle Cell Disease	23194	99.8	1	0	0	
Cystic Fibrosis	23194	99.8	12	7	7	100.0

Performance Measure 02: *The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	60	60	60	53	53
Annual Indicator	57.2	57.2	52.7	52.7	52.7
Numerator					
Denominator					
Data Source				National Survey of CSHCNs 2005-2006	National Survey of CSHCNs 2005-2006
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	53	53	53	53	53

Notes - 2009
This number is from the 2005-2006 CSHCN Survey

Notes - 2008
This number is from the 2005-2006 CSHCN Survey

Notes - 2007
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

a. Last Year's Accomplishments

During last year's legislative session, PKU foods were added to the eligible products that CSHP could provide to families who have children with PKU. This change was made following significant public input asking for this addition.

When the new scheme went "live" on July 1, 2009, CSHP entered into a Blanket Purchase Order with Cambrooke Foods to provide these products to Idahons with PKU

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. The Children's Special Health Program (CSHP) continues to partner with Idaho Parents Unlimited (IPUL) and Idaho Families of Adults with Disabilites (IFAD). CSHP provides some support to these organizations, and they provide input into CSHP's program		X		X
2. MCH staff continue to serve on the Developmental Disabilites Council, and the Early Childhoord Coordinating Council, providing these bodies with information about MCH programs in Idaho and using information gained for participation to direct MCH prog		X		X
3. During the last year CSHP has been re-developing Idaho's Transition-to-Adulthood materials and sought input from CSHCNs and their families.		X		X
4. CSHP conducted a patient satisfaction survey of our PKU program to gather input from patients and families about some aspects of the program. Some programatic changes were made as a result of the feedback.		X		
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

CSHP staff continue to service on various councils and advisory boards such as: Idaho Parents Unlimited, the Developmental Disabilities Council and Idaho Sound Beginings. In addition CSHP continues to support the organization, Idaho Familes of Adults with Disabilities (IFAD).

CSHP has undertaken a major re-design project of our Transition-To-Adulthood materials, and gathered input from parents of CSHCNs and from CSHCNs while creating the materials. Earlier this year CSHP conducted an online survey to assess customer satisfaction with the changes that the PKU program has made during the last year. The responses, though few, were positive, and were used to make some tweaks to the program's operation.

c. Plan for the Coming Year

CSHP will continue to be active in in-state commitments, working groups, etc, and will continue to develop new relationships with community based organizations. As part of the Transition-to-Adulthood activities, CSHP is having table-top displayes created and will be presenting the materials and staffing tables at conferences around the state.

Performance Measure 03: *The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	52	52	52	52	52
Annual Indicator	49.1	48.8	47.7	47.7	47.7
Numerator					
Denominator					
Data Source				National Survey of CSHCNs 2005-2006	National Survey of CSHCNs 2005-2006
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	52	52	52	52	52

Notes - 2009
From the 2005-2006 CSHCN Survey.

Notes - 2008
From the 2005-2006 CSHCN Survey.

Notes - 2007
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

a. Last Year's Accomplishments
CSHP continued to work with patients applying for coverage through CSHP to also complete a Medicaid application. The condition-specific coverage offered through CSHP is no Medical Home, whereas coverage through Medicaid is more likely to fill the Medical Home criteria.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. CSHP staff continue to work with uninsured CSHCNs to apply for Medicaid if they may be eligible. There is a short-form child-only application for Medicaid that is being piloted in Idaho, and CSHP is one of the pilot sites.		X		
2. CSHP's Transition-to-Adulthood materials include a section on how to find a medical home.		X		
3.				

4.				
5.				
6.				
7.				
8.				
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10.				

b. Current Activities
CSHP's medical home activities are currently limited to trying to secure better covereage (Medicaid, Medicare, or private insurance) for children covered by CSHP, and for applicants who may not qualify for CSHP.

c. Plan for the Coming Year
Healthcare Reform may have a significant impact on Medical Home issues in the coming year (or three). It's too early to tell, but CSHP staff will be monitoring these opportunities as they arise during the coming years.

Performance Measure 04: *The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	60	60	60	60	60
Annual Indicator	53.3	53.3	56.9	56.9	56.9
Numerator					
Denominator					
Data Source				National Survey of CSHCNs 2005-2006	National Survey of CSHCNs 2005-2006
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	60	60	60	60	60

Notes - 2009
From the 2005-2006 CSHCN Survey.

Notes - 2008
From the 2005-2006 CSHCN Survey.

Notes - 2007

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

a. Last Year's Accomplishments
CSHP continues to provide condition-specific coverage for Idaho's uninsured children within certain diagnostic categories, which has a slight positive impact on this indicator. Last year the CSHCN Director participated in a Medicaid working group which was trying to implement the Family Opportunity Act option to get additional coverage for CSHCNs in Idaho. This project was derailed by the stimulus bill and some of the strings attached to that funding.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. CSHP provides condition-specific coverage for CSHCNs with qualifying conditions, who have no other health insurance.		X		
2. CSHP care coordinators offer advice for other resources to applicants who do not qualify for CSHP programs.		X		
3. Idaho's Transition-to-Adulthood materials offer information and advice on obtaining and keeping health insurance.		X		
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
As applicants apply to receive services through CSHP, CSHP staff and contractors continue to work with each family to complete the Medicaid application proccess. This process is undertaken whether or not the child is found to be eligible for CSHP.

c. Plan for the Coming Year
As the stimulus funds are exhausted and the strings attached to that funding fall away, CSHP looks forward to once again joining with Medicaid to try to implement the Family Opportunity Act option for CSHCNs in Idaho.

Performance Measure 05: *Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective	80	80	80	86	86
Annual Indicator	75.2	75.2	86	86	86
Numerator					
Denominator					
Data Source				National Survey of	National Survey of

				CSHCNs 2005-2006	CSHCNs 2005-2006
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	86	86	86	86	86

Notes - 2009
From the 2005-2006 CSHCN Survey.

Last year this indicator was mistakenly reported as 85.9

Notes - 2008
From the 2005-2006 CSHCN Survey.

Last year this indicator was mistakenly reported as 85.9

Notes - 2007
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

a. Last Year's Accomplishments
The Children's Special Health Program (CSHP) used to manage - and continues to fund - the only cystic fibrosis, genetics and metabolic medical services available in Idaho. These clinics continue to be held at St. Luke's Children's Hospital (metabolic clinics are held in other parts of the state also), and that relationship is strong.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. CSHP, with MCH funds, funds and staffs metabolic clinics around Idaho. Since Idaho has no metabolic physicians, CSHP imports one from Portland, OR to provide services to Idaho's children who would otherwise have to travel out of state for thier care	X			
2. CSHP funds and staffs genetics clinics in Boise. Since Idaho has no genetics physicians, CSHP imports one from Portland, OR to provide services to Idaho's children who would otherwise have to travel out of state for thier care.	X			
3. CSHP funds Idaho's cystic fibrosis center, providing no-cost clinical services to Idahoans with cystic fibrosis.	X			
4. CSHP funds ongoing PKU services around the state by supplying dietitians to advise PKU patients, and providing medical foods and formula to manage thier PHE levels.	X			
5. CSHP funds a quarterly cleft lip and palatte clinic in northern	X			

Idaho where CLP services are otherwise unavailable. This clinic serves uninsured children at no cost to them or thier families.				
6. CSHP funds several specialty clinics in Eastern Idaho, providing no-cost care for uninsured children with Cardiac, and Orthopedic problems.	X			
7.				
8.				
9.				
10.				

b. Current Activities
With all of CSHP's specialty clinics now housed within medical facilities, the big push is done and CSHP has been conducting "maintainance of effort" this year. One high point is that there have been a slight expansion in available genetics services, not funded with MCH funds. The genetic physician that CSHP imports from Oregon to provide services in Idaho has entered into a private agreement with one of Idaho's hospitals to provide NICU consultations.

c. Plan for the Coming Year
CSHP is exploring methods for expanding, without MCH funding, available specialty services to improve Idaho's medical infrastructure, and increase access.

Performance Measure 06: *The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	6	6	6	46	46
Annual Indicator	5.8	1	45.8	45.8	45.8
Numerator					
Denominator					
Data Source				National Survey of CSHCNs 2005-2006	National Survey of CSHCNs 2005-2006
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	46	46	46	46	46

Notes - 2009
From the 2005-2006 CSHCN Survey.

Notes - 2008

From the 2005-2006 CSHCN Survey.

Notes - 2007
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

a. Last Year's Accomplishments
Last year CSHP's new RN, Senior completed work on a Transition-to-Adulthood curriculum. The RN, Carol, came to Idaho's program from a regional CSHCN program in Florida where she was heavily involved in Transition issues. She drew on her experiences from her previous position, and various materials developed by other state's Title V programs, to develop and adapt materials suitable for Idaho.

After completing the materials, Carol used them to conduct a training session at a transition conference.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Idaho's Transition-to-Adulthoon for CSHCN materials have been redesigned, using MCH funds, and are being mass-produced to be offered to all CSHCNs in Idaho, not only the population directly served by CSHP.		X	X	
2. Transition-to-Adulthood training sessions are being offered to families of CSHCNs and to providers buy CSHP staff in coordination with sstaff from Idaho Parents Unlimited. These sessions are offered are meetings and conferences around the state.		X		
3. CSHP is trying to build a partnership with the Idaho Department of Education, Special Ed Program, to provide TTA training directly to special education teachers. We hope, through these teachers, to raise family's awareness of the the availability of		X	X	
4.				
5.				
6.				
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8.				
9.				
10.				

b. Current Activities
Medical bills to pay for CSHP's client's needs where somewhat lower this year than anticipated, so CSHP used some of those excess funds to contract for a professional re-design and enhancement of the TTA materials. As of this writing, these materials are preparing to go to press and should be ready in time for the block grant review in August.

c. Plan for the Coming Year
In addition to the materials, table-top displays and promotional brochures (with business reply postcards inside) are being created. CSHP staff will be presenting these materials, and staffing a booth at conferences around Idaho in the coming year. Brochures will be distributed through CSHCN groups such as Idaho Parents Unlimited and Idaho Families of Adults with Disabilities, in an effort to reach children who are not enrolled in CSHP.

CSHP is also exploring a partnership with the Special Ed section of the Idaho Department of Education, to try to get promotional brochures distributed through Idaho's Special Ed teachers.

Performance Measure 07: *Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	81	82	83	83	83
Annual Indicator	78.1	77.8	75.8	65.9	65.8
Numerator					
Denominator					
Data Source				NIS	NIS
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	75	75	75	75	75

Notes - 2009
NIS data for CY2009 is not available until August, 2010. 2008 value used as estimate for 2009, Four or more doses of DTaP, three or more doses of poliovirus vaccine, one or more doses of any MCV, three or more doses of Hib, and three or more doses of HepB

The percentages come from the National Immunization Survey. No numbers are given as to how many were surveyed or how many are completely immunized.

Notes - 2008
NIS data for CY2008 is not available until August, 2009. 2007 value used as estimate for 2008, Four or more doses of DTaP, three or more doses of poliovirus vaccine, one or more doses of any MCV, three or more doses of Hib, and three or more doses of HepB

The percentages come from the National Immunization Survey. No numbers are given as to how many were surveyed or how many are completely immunized.

Notes - 2007
NIS data for CY2007 is not available until August, 2008. 2006 value used as estimate for 2007, Four or more doses of DTaP, three or more doses of poliovirus vaccine, one or more doses of any MCV, three or more doses of Hib, and three or more doses of HepB

The percentages come from the National Immunization Survey. No numbers are given as to how many were surveyed or how many are completely immunized.

a. Last Year's Accomplishments

The Idaho Immunization Program (IIP) had a very busy year. Idaho has been a universal purchase state since the beginning of the Vaccines for Children (VFC) program in 1994. Universal purchase states purchase and supply vaccines for all children regardless of their insurance or VFC eligibility. However in January due to significant budget cuts, the budget for universal purchase of vaccines was eliminated. The IIP had to rapidly transition all VFC providers from a universal supply to a VFC-only supply by July 1, 2009. In August, due to a large number of constituent concerns, the Governor released $2.1 million dollars in vaccine funding to allow providers and the state time to explore other funding options. This funding allowed the state to return to a Universal vaccine supply while a legislative fix was prepared that would provide vaccines for all children.

The IIP conducted provider education conferences this past year. These are regional conferences held throughout the state focused on: increasing vaccine coverage, vaccine management and safety, provider education, reminder/recall of patients due for immunizations, and parent education. The Program continues to have a very strong WIC linkage for screening and referral of WIC clients to immunization services. This includes screening every WIC child's immunization record at certification and re-certification visits to verify they are up-to-date. Many of the local health departments began an active reminder for children enrolled in WIC that are behind on their immunizations. The program continued to monitor immunization coverage levels within the Medicaid population. The IIP also conducted Focus Groups around the state with medical providers in an effort to gain insight on ways to increase immunization levels and increase communication with the medical community. A total of 15 physicians participated in these focus groups.

The IIP conducted quality assurance reviews with 80 VFC providers in 2009. The IIP was not able to meet the goal of visiting 2/3 of Vaccines For Children (VFC) providers due to significant changes in vaccine funding and H1N1 activities.

The IIP continued to offer immunization training opportunities to medical assistant and nurse training programs through the state. In December, the IIP hired a R.N. Senior to assist with the increasing training requests.

The IIP has over 100 data exports from provider electronic health record systems into the Immunization Reminder Information System (IRIS) and is continuing to work on additional systems. Providers continue to receive awards at Shot Smarts based upon their utilization of IRIS.

The Immunization Program provided all vaccines, except HPV vaccine, free of charge for children 0 through 18 years of age at public and private provider sites throughout Idaho for most of 2009. There was a brief period of time from July 1, - August 4 when providers were limited to offering free vaccines to VFC-eligible children only.
The IIP saw an increase in the number of children receiving the following vaccines: IPV, Hepatitis B, Varicella, and PCV-7.

H1N1 presented a special challenge in completing normal activities such as conducting QAR visits, transitioning to an online vaccine ordering system, routine educational events and trainings, and adding new electronic exports from VFC providers electronic health record (EHR) systems to IRIS. H1N1 also had a positive impact on the IIP. In a short six months, the number of patients in IRIS went from 502,840 to 712,322, and more than doubled the number of adults 19 years of age and older enrolled in the registry.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Provide free vaccine to all children 0 through 18 years of age by consistently supplying all Vaccine for Children (VFC) providers in the state of Idaho.			X	
2. Perform annual site visits to VFC providers and conduct provider education.			X	
3. Provide parent, school and daycare education, media and training.			X	
4. Maintain an immunization registry, which includes data quality monitoring.				X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The IIP works with the WIC program to screen clients for immunization status and refer those not current to their health care provider. The IIP also works with the local health departments to implement a long-term WIC reminder system for children that are missing recommended immunizations.

IIP re-developed the Quality Assurance program so that it targets immunization providers that do not have a minimum of 80% coverage level for the 4:3:1:3:3:1 immunization series. The IIP plans to visit two-thirds of all VFC providers in 2010 with Quality Assurance Reviews.

The IIP contracts with 6 of the 7 health departments to investigate reported cases of hepatitis B surface antigen positive pregnant women and ensure the newborns are appropriately vaccinated at birth. The IIP assumed the role of case investigation and management for the one district that no longer has a contract with the department.

The passing of a vaccine assessment bill secures funding for the next 3 years for universal purchase of vaccines (with the exception of HPV). With the passing of this bill Idaho becomes 1 of 3 states that have secured a way to pay for vaccines utilizing a blend of insurance, grant and VFC funds.

Effective July 1, IRIS will change from an Opt-in to an Opt-out system. A final piece of legislation was passed that will establish a commission that will oversee immunization policies and examine the cause of Idaho's low immunization rates.

c. Plan for the Coming Year

The IIP will be working with providers around the state to implement new program changes as a result of the Vaccine Assessment legislation that passed in early 2010.
The IIP will also be transitioning providers to an Economic Ordering Quantity (EOQ) method of ordering vaccines. This method assess a providers ordering volume and storage capacity which will ultimately dictate the frequency of a provider ordering vaccines. This method, once implemented will streamline the ordering process and will provide greater efficiencies for the IIP staff. The target "go live" date for EOQ implementation is July 1, 2010. In addition to implementing EOQ, the IIP will roll out electronic vaccine ordering and accountability utilizing IRIS. The target implementation for online ordering and accountability is July 1, 2010.

Regional and local training conferences will also continue to encourage, educate and reward providers for their efforts.

During CY 2010, the Immunization Program will continue to contract with the district health departments to investigate reported cases of hepatitis B surface antigen positive pregnant women and ensure the newborns are appropriately vaccinated at birth. The program will also implement and maintain a new registry, including a tracking and recall system, to assure that the infants complete the hepatitis B vaccine series. The IIP will implement a Hospital Quality Assurance Program that addresses standing orders for the birth dose of hepatitis B vaccine.

In an effort to impact the national objective of 90% immunization rates for children aged 2 years, the Immunization Program will continue to conduct or contract for activities in four major areas: (1) parent education, (2) provider education, (3) reminder/recall, and (4) childcare and school education.

The IIP will be sending out new information to providers regarding the change of IRIS from an opt-in to an opt-out registry. With a change from opt-in to opt-out, major efficiencies will be gained in the time it takes to get a system exporting since a consent field will no longer have to be built for every system. The IIP is anticipating a significant increase in the number of patients enrolled in IRIS as a result of this change.

The IIP contracted with Scientific Technologies Corporation (STC), the current IRIS software vendor, to develop and build a Child Care Module. This module will allow multi-level management of immunization requirements for children attending child care facilities. The IIP plans to pilot this system in 2010 with the local health departments

Performance Measure 08: *The rate of birth (per 1,000) for teenagers aged 15 through 17 years.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	14	13	15	17.8	17.7
Annual Indicator	16.8	17.9	19.0	19.9	16.1
Numerator	532	597	628	651	527
Denominator	31738	33264	32974	32772	32772
Data Source				Estimate from prior year	Birth Certificate
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	16	16	16	15.9	15.9

Notes - 2009

2009 Preliminary data are based on births filed with Vital Statistics as of 3/22/2010. Approximately 700 birth records have not been received from out of state and final data will differ from preliminary data. Population estimates for 2009 are not available by age and gender as of 3/22/2010.

Notes - 2008
Population not available until July 2009. Used population estimate from 2007 as estimated denominator

Notes - 2007
Population not available until July 2008. Used population estimate from 2006 as estimated denominator

a. Last Year's Accomplishments
During CY 2009, family planning clinics around the state served a total of 2,578 teens aged 15-17 years of age compared with 3,014 teens aged 15-17 years of age who received services in CY 2008--a decrease of 14.5 percent, or 436 clients, who were served in CY 2009. Idaho's teen pregnancy rate for 15-17 year olds is 16.1 percent (provisional data). The 2008 teen pregnancy rate was 19.9 percent. The data show a slight increase in teen pregnancy rates for 2006, 2007 and 2008 and a slight decrease in the rates for 2009.

The 15-17 year old teen clients received a physical assessment, education, and counseling services. All clinics continued to emphasize adolescent education which focuses on abstinence, parental involvement, contraception and STI/STD prevention.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Provide family planning services to teens through the public health districts.	X		X	
2. Develop comprehensive educational messages targeted to teens.		X	X	X
3. Continue to conduct Teen Education Afternoon (TEA) local district clinic project.		X	X	
4. Continue program collaboration and coordination activities with the Adolescent Pregnancy Prevention Program.				X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
All health districts provide family planning services to teen clients. Many districts provide extended clinic hours in the evening to accommodate teen client's schedules.

All the health districts have active advisory boards within their family planning programs which guide the content of education materials and provide direction for outreach activities. All of the advisory boards have committee members of various backgrounds including faith based members and teen representatives. These relationships have allowed the boards to develop

more trusting relationships with local groups.

The Teen Education Afternoon (TEA) clinic in Health District 6 (Southeastern Idaho) continues to be available to teens 13-19 years of age. The TEA is a walk-in clinic service for teens that is conducted every Thursday afternoon. During the clinic, teens are screened for STIs as related to their risk behaviors and a risk reduction plan is developed. Information is offered on how to say no to sexual pressure, immunizations, pregnancy education, testing and counseling, and up-to-date information on hot topics occurring within the health district. Client-centered, one-on-one counseling is also provided.

The Adolescent Pregnancy Prevention (APP) Manager, the Family Planning Coordinator, and the STD Prevention Coordinator meet together periodically to discuss collaboration and coordination efforts between their programs.

c. Plan for the Coming Year

Comprehensive educational messages will continue to be developed that target teens and provide information on issues like abstinence, STIs, parental involvement, sexual coercion, and birth control methods.

The Teen Education Afternoon (TEA) clinic at Health District 6 (Southeastern Idaho) continues to be available to teens 13-19 years of age. TEA is a walk-in clinic service for teens that is conducted every Thursday afternoon. During the clinic, teens are screened for STIs as related to their risk behaviors and a risk reduction plan is developed. Information is offered on how to say no to sexual pressure, immunizations, pregnancy education, testing and counseling, and up-to-date information on hot topics occurring within the health district. Client-centered, one-on-one counseling is also provided.

The Ada County Juvenile Detention Center project will continue during FY 2011. The project provides access to reproductive health care services for high-risk adolescents. Residents will be given the opportunity to receive services through weekly preventive reproductive health clinics. Pre- and post-test evaluations will be given to measure the level of intention to change risky sexual behaviors.

The Adolescent Pregnancy Prevention (APP) Manager, the Family Planning Coordinator, and the STD Prevention Coordinator will meet together periodically to discuss collaboration and coordination efforts between their programs.

Performance Measure 09: *Percent of third grade children who have received protective sealants on at least one permanent molar tooth.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	64	66	60	60.5	60.6
Annual Indicator	55.7	55.7	55.7	55.7	57.1
Numerator	10315				
Denominator	18527				
Data Source				Smile Survey 2005	Smile Survey 2009

Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	60.6	60.6	60.7	60.7	60.7

Notes - 2009
The Idaho Smile Survey is conducted every four years conducted through out the school year. Data was collected during the 2008/2009 school year.

Numerator and denominator not provided as the results would be weighted from the survey and imply artificial precision.

Notes - 2008
SMILES survey used to estimate will not conclude until June 2009. 2005-06 rate used as latest available estimate.

Notes - 2007
SMILES survey used to estimate not conducted in 2007. 2005 rate used as latest available estimate.

a. Last Year's Accomplishments
Contracts with the seven district health departments (HDs) continue to provide dental sealants, fluoride varnish, and fluoride mouthrinse in participating schools that have >51% of children eligible for free and reduced school lunch and no fluoride in the community water supply. The Smile Survey data was completed June 2009. The Idaho Oral Health Alliance (IOHA) held two member meetings. Smile Survey was completed June, 2009.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Title V support for oral health programs will be maintained at current levels.			X	
2. Oral health preventive services for children (fluoride, sealants, education).			X	
3. Idaho Oral Health Action Plan 2010-2015: Plan and implement goals and objectives.				X
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
The Idaho Oral Health Action Plan 2010-2015 was released 4/23/10 by the IOHA. The 2010 Idaho Oral Health Data Report and the Smile Survey Report are available. The program manager attended the National Oral Health Conference.

c. Plan for the Coming Year
The HDs will continue with level funding without change in their OH contracts. They will continue to conduct programs that provide dental sealants, fluoride varnish, fluoride mouthrinse and public education about oral health care. The OH program manager will apply for the Centers for Disease Control and Prevention (CDC) oral health funding. This funding supports school-based/clinic dental sealants and establishes a plan for community water fluoridation.

Performance Measure 10: *The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	4	4	4	5.5	5.5
Annual Indicator	5.8	4.0	7.7	2.6	4.4
Numerator	18	13	26	9	15
Denominator	308945	325906	339358	344821	344821
Data Source				Vital Stats	Dept of Transportation
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	5.5	5.4	5.4	5.4	5.3

Notes - 2009
Death count preliminary total from Idaho Dept of Transportatio for 2009. IDT records usually reflect deaths at the scene of an accident and therefore will be lower than subsequent death certificate data.

Population count for 2009 not available until July 2010, 2008 population estimate used as estimate.

The target rate has not been significantly adjusted to reflect current year rate as a single multi-fatality accident can move this rate due to the relatively small population base.

Notes - 2008
Death count preliminary total from Idaho Dept of Transportatio for 2008. IDT records usually reflect deaths at the scene of an accident and therefore will be lower than subsequent death certificate data.

Population count for 2008 not available until July 2009, 2007 population estimate used as estimate.

Notes - 2007

Death count preliminary total from ISP for 2007
Population count for 2007 not available until July 2008, 2006 population estimate used as estimate.

a. Last Year's Accomplishments
This year marked a transition in the management of the contract with the Denver Health and Hospital Authority--Rocky Mountain Poison and Drug Center (RMPDC) as contract management was shifted from the Bureau of Emergency Medical Services to the Injury Prevention and Surveillance Program, Bureau of Community and Environmental Health.

The Poison Control Information database was designed and implemented and now provides a means of rapid assessment and evaluation of poison control data received on a quarterly basis from the RMPDC.

National Poison Prevention Week activities were successful this year with the assistance of pharmacists and pharmacy students throughout Idaho. A record number of elementary teachers were reached to help share poison prevention information with K-8 students throughout Idaho. This was another example of transitioning program activities from the Bureau of Emergency Medical Services to the Bureau of Community and Environmental Health.

Idaho received approximately $1 million per year for Safe Routes to Schools (SR2S) projects during 2009. Funds are awarded through a competitive application process and all infrastructure and non-infrastructure project proposals are reviewed annually by the SR2S Advisory Committee. Projects approved for Idaho SR2S funding for FY09 and FY10 (infrastructure only) were announced in November, 2008. There were twenty-two recipients totaling $675,045 in funding. A key success in this effort is the added emphasis now placed on the public health components of the SR2S program.

Idaho was one of eight states to have its grant application awarded to attend the national Pedestrian Injury Prevention Workshop sponsored by the State and Territorial Injury Prevention Directors Association (STIPDA--now, SAFE STATES ALLIANCE) and the National Highway Transportation and Safety Administration (NHTSA). This special two-day workshop focused on developing dialogue between interdisciplinary teams representing health and transportation professionals from eight states. The goals of the Workshop were to foster partnerships, strengthen linkages among multidisciplinary partners, identify successful partnerships to engage diverse partners with a stake in pedestrian safety, and develop state capacity to support pedestrian safety at the local level, with emphasis on initiating a dialogue to create a model pedestrian safety action plan to be used at the local level. Lessons learned from this workshop are currently being applied in the implementation of the Idaho Highway Safety Plan. The Injury Prevention & Surveillance Program manager was selected to lead the Vulnerable Users emphasis area, including pedestrians, cyclists and mature drivers.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Although the Injury Prevention Program will continue to monitor mortality rates for those 14 years and younger caused by motor vehicle crashes, it will shift focus to poison control and pedestrian-related traffic crashes.			X	X
2. Coordinate efforts with the Idaho Transportation Department.			X	X
3.				
4.				
5.				

6.				
7.				
8.				
9.				
10.				

b. Current Activities

b1. Manage and coordinate Department contract with Rocky Mountain Poison and Drug Center.

i. Facilitate communications between Denver Health and Hospital Authority--Rocky Mountain Poison and Drug Center (RMPDC) and the Department to enhance the rapid exchange of poison control and emergency health information.
ii. Maintain the Poison Control Information database to collect, analyze and retrieve poison control data received from the RMPDC on a quarterly basis.
iii. Assist the Division of Health Administration in evaluating alternative funding sources for the continued support of the Idaho Poison Control Services.
iv. Coordinate activities associated with National Poison Prevention Week during March 2010.

b2. Serve as Vice-Chair of the State Safe Routes to School (SR2S) Advisory Committee.

i. Serve as State Advisory Committee Vice-Chair for the review and evaluation of annual community infrastructure and non-infrastructure improvement grants.
ii. Provide State Advisory Committee with technical assistance on pedestrian and bicycle injury prevention and control interventions.

b3. Serve as the Department liaison to the Idaho Highway Safety Coalition.

b4. Collaborate with the Director's Office of Communications to create and implement an improved and expanded Injury Prevention and Control webpage on the Department's website.

c. Plan for the Coming Year

Injury Prevention Intervention Program emphasis areas for 2010 will continue to focus on reducing traffic crash fatalities, especially among vulnerable drivers (including teens); poison prevention activities directed towards parents of children 5 and younger; drowning prevention; and the general expansion of public awareness associated with burden of injury and its prevention.

Performance Measure 11: *The percent of mothers who breastfeed their infants at 6 months of age.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective		50	51	51.5	52
Annual Indicator	49.8	50.5	54	50.5	55.2
Numerator					
Denominator					
Data Source				PRATS	PRATS
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last					

year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	52.1	52.2	52.2	52.3	52.3

Notes - 2009
Data source is 2008 Idaho PRATS survey. Data for 2009not available at time of submission. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numeration and denominator not provided as they would be the results of weighted survey sample data.

Due to the nature of the survey data variability the taget goal is not adjusted based on a single year's values.

Notes - 2008
Data source is 2007 Idaho PRATS survey. Data for 2008 not available at time of submission. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numeration and denominator not provided as they would be the results of weighted survey sample data.

Notes - 2007
Data source is 2006 Idaho PRATS survey. Data for 2007 not available at time of submission. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numeration and denominator not provided as they would be the results of weighted survey sample data.

a. Last Year's Accomplishments
1) In FY10, the State Office supported efforts of Local Breastfeeding Coalitions to provide trainings for healthcare professionals and community members who work with populations that would benefit from breastfeeding education to meet specific needs for their area including sponsoring Maria Lennon, Answering Breastfeeding Questions and Helping Mothers Overcome Difficulties at the Spring WIC Conference.

2) The State Breastfeeding Workgroup developed and implemented materials related to breastfeeding and implementation of the new WIC Food Package.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Provide Breastfeeding Best Practice Grants for community coalition training and World Breastfeeding Week activities.		X		X
2. Provide technical assistance to Local Agency WIC Programs to implement best practices in breastfeeding as part of revised Idaho WIC Authorized Food List.		X		X
3.				
4.				
5.				
6.				
7.				
8.				
9.				

10.				

b. Current Activities

1) The State Breastfeeding Workgroup is currently developing materials related to breastfeeding as part of implementing the new Peer Counseling Programs.

2) The State WIC Program continues to provide Local WIC Agencies with Best Practice Grants to achieve higher standards in breastfeeding education and support. Part of the grant requires implementation of World Breastfeeding Week activities and regional Certified Lactation Consultant Trainings.

c. Plan for the Coming Year

1) In FY11, the State Office will continue to work with the State Breastfeeding Workgroup and Local Breastfeeding Coalitions to develop materials needed related to breastfeeding and implementation of new Peer Counseling Programs.

Performance Measure 12: *Percentage of newborns who have been screened for hearing before hospital discharge.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	100	100	100	98.8	98.8
Annual Indicator	94.6	98.4	96.7	97.9	93.1
Numerator		22302			
Denominator		22657			
Data Source				PRATS	PRATS
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	98.8	98.8	98.8	98.8	98.8

Notes - 2009

Data source is 2008 Idaho PRATS survey. Data for 2009 not available at time of submission. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numeration and denominator not provided as they would be the results of weighted survey sample data. Rate is among those children who had their hearing tested at all.

The questionaire was changed for 2008 to ask about "hearing screening after baby was born" from prior to hospital discharge.

Notes - 2008

Data source is 2007 Idaho PRATS survey. Data for 2008 not available at time of submission. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numeration and denominator not provided as they would be the results of weighted survey sample data. Rate is among those children who had their hearing tested at all.

Notes - 2007
Data source is 2006 Idaho PRATS survey. Data for 2007 not available at time of submission. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numeration and denominator not provided as they would be the results of weighted survey sample data.

a. Last Year's Accomplishments
During calendar year 2009, 99.3% of babies born in Idaho hospitals were screened for hearing loss at birth. Forty infants were identified with permanent hearing loss and two were identified with temporary conductive losses that are of a continuous enough nature to pose a threat to the development of language and communication skills. All infants identified with any amount of hearing loss were referred to the Idaho Early Intervention Program.

The state EHDI program, in conjunction with the Idaho Speech and Hearing Association Conference, provided the opportunity for audiologists and doctoral students to receive training in pediatric audiology from a national expert. Sub-grants were offered and awarded to five Idaho hospitals that were in need of updating their hearing screening equipment. Training was provided to hospital staff, early interventionists and others during the 2009 EHDI conference, and several hospital site visits were conducted. Funding from the Centers for Disease Control was awarded for EHDI data system enhancements, and subsequent data clean-up and analysis allowed for more immediate reporting and follow-up on babies referred for audiologic testing.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Planning and collaboration for improved surveillance and tracking system.				X
2. Match or exceed the national benchmarks set by the JCIH 2007 Guidelines.			X	
3. Increase family to family support and access to information for families.		X		
4. Expand newborn hearing screening to other community-based sites.			X	X
5. Increase and improve the participation of physicians in EHDI and the provision of a medical home.				X
6. Assess needs of EHDI providers with regards to increased data integration, including upgrading to a web based data tracking system.				X
7.				
8.				
9.				
10.				

b. Current Activities
The Idaho EHDI program is continuing to work to refine the data surveillance and tracking system. A web based tracking system has been evaluated and approved for use and is scheduled for preliminary testing. Contacts at several large midwife birthing centers have expressed interested in offering newborn hearing screening as part of their service and several pieces of hearing screening equipment have been purchased by the state program for this purpose. Training is planned for this June for those hospitals who have recently upgraded their equipment. Continuous surveillance and tracking of Idaho's babies continues and improves, as well as the regular monitoring of hospital data reports for quality assurance and to determine

training needs.

c. Plan for the Coming Year
Regular education, health promotion and training activities will continue for hospitals, early interventionists and parents. A Heath Information Specialist has been hired and will oversee further data analysis activities and reporting as well as the implementation of the web-based data system. Outreach and training efforts with audiologists and family physicians will be expanded with the EHDI program increasing it's presence at the annual family physicians conference. The Idaho EHDI webpage will be completed and available for use and other social networking opportunities will be evaluated for program usage. Newborn hearing screening will be operational in 4 large midwife birth centers and a nationally run program for continuous early childhood screening will be piloted in 2 Early Head Start sites.

Performance Measure 13: *Percent of children without health insurance.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	12	12	11.2	12.5	12.4
Annual Indicator	13.0	11.4	13.0	11.0	8.9
Numerator	19177	44995	52135	45621	37161
Denominator	147366	394435	401854	414662	418764
Data Source				Current Population Survey	Current Population Survey
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	8.8	8.8	8.8	8.7	8.7

Notes - 2009
Source: U.S. Census Bureau
Current Population Survey, Annual Social and Economic Supplement,

http://www.census.gov/hhes/www/cpstc/cps_table_creator.html

The Current Population Survey Annual Social and Economic Supplement is an annual survey of approximately 78,000 households nationwide. Therefore, use extreme caution when making inferences when the cell sizes are small.

Objectives in future years may be higher than current performance. The data source tends to have swings from year to year due to nature of the survey.

Notes - 2008
Source: U.S. Census Bureau
Current Population Survey, Annual Social and Economic Supplement, 2007

http://www.census.gov/hhes/www/cpstc/cps_table_creator.html

The Current Population Survey Annual Social and Economic Supplement is an annual survey of approximately 78,000 households nationwide. Therefore, use extreme caution when making inferences when the cell sizes are small.

Objectives in future years may be higher than current performance. The data source tends to have swings from year to year due to nature of the survey.

Notes - 2007
Source: U.S. Census Bureau
Current Population Survey, Annual Social and Economic Supplement, 2007

http://www.census.gov/hhes/www/cpstc/cps_table_creator.html

The Current Population Survey Annual Social and Economic Supplement is an annual survey of approximately 78,000 households nationwide. Therefore, use extreme caution when making inferences when the cell sizes are small.

a. Last Year's Accomplishments
A modest reduction in CHIP benefits was implemented. The services impacted were Developmental Disability Agency services, psychosocial rehabilitation and partial care. The goal was to increase the number of children enrolled in Title XXI by 2,000 during 2009. In fact, the program saw a decrease from 26,410 to 24,754, a difference of 1,626 children between 2008 and 2009. It appears this decrease was due to the economy with more children qualifying for Medicaid than for CHIP. The targeted increase of 6,000 for Title XIX was exceeded by 13,108, with a total of 119,586 enrolled in 2009.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Continue to implement expanded CHIP coverage through child-only health care applications.				X
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
Idaho continues to monitor the reasons participants change their primary care provider. Less than 1 percent of enrollees change their primary care provider each year due to perceived quality of care. Additionally, less than 1 percent change providers due to long wait times to be seen by

their primary care provider.

Monitoring the percent of participants who choose a primary care provider (versus being assign in a default process) was implemented to help ensure that the expedited Healthy Connections enrollment process was not negatively impacting participants. A goal to reduce default assignments was set at 15 percent. The 2007 and 2008 rates were fairly constant at approximately 26 percent. Processes were reviewed and adjusted, but the rate increased to 27.5 percent. Idaho will continue to monitor this rate and work to reduce it.

A CHIPRA Outreach grant was secured by a non-profit organization in Idaho. This outreach will target Hispanic children in six rural counties. The effectiveness of the outreach strategies has not yet been measured.

c. Plan for the Coming Year

Idaho's Medicaid program is facing a state general fund deficit of over $46 million. The Back-to-School campaign continues to be a cornerstone of Idaho's outreach and is considered a best practice. While Idaho has found that helping provide coverage for adults results in more children being covered, as further reductions in expenditures are required benefits will continue to be cut back. Medicaid and Title V will continue to partner with the Healthy Tomorrows Project to address health insurance issues for children and youth.

Performance Measure 14: *Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective		26	31	31	30.9
Annual Indicator	28.9	32.1	31.2	31.3	30.1
Numerator	5240	5807	5894	6762	7314
Denominator	18137	18113	18862	21581	24316
Data Source				State WIC Data	State WIC Data
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	30.8	30.7	30.6	30.6	30.5

Notes - 2009
Based on PedNSS data avail as of March 2010

Notes - 2008
Based on PedNSS data avail as of 1/17/2009

Notes - 2007
Based on PedNSS data avail as of 1/17/2008

a. Last Year's Accomplishments

1) WIC participates in the Idaho Hunger Relief Taskforce. The mission of the Task Force is "To put public and private resources into action statewide in order to eliminate hunger and provide food security for all Idahoans."

2) WIC implemented new food packages to align with the Dietary Guidelines for Americans (DGA). New foods added to food packages included fresh fruits, fresh vegetables and more whole grain foods. Whole milk was replaced with low fat or nonfat milk (except for children under age 2). The amount of cheese and eggs was reduced. The amount of juice was reduced and infant juice was eliminated.

3) State staff developed and implemented educational materials designed to promote consumption of fresh fruits, fresh vegetables, whole grains and low fat/nonfat dairy products.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. WIC participated in the Idaho Hunger Taskforce.				X
2. WIC implemented new food packages and educational materials to align with the Dietary Guidelines for Americans.			X	
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1) WIC is discussing ideas for collaboration with Idaho Physical Activity and Nutrition Program (IPAN).

2) WIC nutrition education continues to promote consumption of fresh fruits, fresh vegetables, whole grains, lean protein sources and low fat/nonfat dairy products.

c. Plan for the Coming Year

1) WIC will participate in the strategic planning process with IPAN regarding use of MCH Block Grant funds.

2) WIC will participate in the Idaho Hunger Relief Taskforce and October 2010 Statewide Summit on Hunger and Food Insecurity.

3) Provide Best Practice Grants with a focus towards nutrition education that promotes healthy habits supportive of achieving/maintaining a healthy BMI.

Performance Measure 15: *Percentage of women who smoke in the last three months of pregnancy.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective		8	8	8.5	8.5
Annual Indicator		9.4	9.0	8.8	9.1
Numerator		2258	2255	2198	2085
Denominator		24112	24972	25101	23032
Data Source				Birth certificate	Birth Certificate
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	8.4	8.4	8.3	8.3	8.3

Notes - 2008
Out of state birth certificates do not necessarily include smoking during pregnancy. Denominator reflects those that do record smoking status, births to Idaho women.

Notes - 2007
Out of state birth certificates do not necessarily include smoking during pregnancy. Denominator reflects those that do record smoking status.

a. Last Year's Accomplishments
Three percent of QuitLine callers and one percent of QuitNet registrants were pregnant women. Physicians continue to use QuitLine referral pads for their patients and their patient's families. The television ad, "Fingers", which addresses secondhand smoke and infants, and mothers who smoke, ran intermittently statewide during the first quarter of 2009. There was not a project, from the state level, specifically targeted to pregnant women who were smoking or addressing the effects of second hand smoke on infants and children. Health districts provided in-services on tobacco cessation resources to WIC staff. Caldwell and Wilder Housing Authorities adopted a smoke-free policy for all housing units.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	**ES**	**PBS**	**IB**
1. Provide family planning services to educate pregnant women on the risk of tobacco use.	X		X	
2. Provide WIC services to pregnant women.			X	
3.				
4.				
5.				
6.				

7.				
8.				
9.				
10.				

b. Current Activities

All of the quit coaches for QuitLine and QuitNet, as well as instructors for local classes, are trained to work with pregnant women, but we are not currently nor do we plan on running any special advertising targeting pregnant women. Some of the health districts are providing cessation classes to WIC clients as part of the Millennium grant funded activities. Two Tribes are working with WIC clients to provide information and presentations on the effects of secondhand smoke of child health, with a "take it outside" or "quit" message. Several health districts and Project Filter continue to work on secondhand smoke policy change with a primary focus on multi-unit housing, parks and tot-lots, and outside events (county fairs). While this work is not directly targeted towards pregnant women or WIC clients these clean-air policies do target low-income housing and outdoor recreation areas for families.

c. Plan for the Coming Year

There are no new plans to specifically work with or target messages to pregnant women who smoke. Efforts will continue through: physician and clinic referrals; access to free quit counseling through the telephone, on the internet or through classes; and efforts to expand smoke-free housing, parks and playgrounds. These types of policies will affect pregnant women and mothers who smoke by providing supportive smoke-free spaces that encourage quitting smoking.

Performance Measure 16: *The rate (per 100,000) of suicide deaths among youths aged 15 through 19.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	12	11	8.5	11	10.9
Annual Indicator	9.1	11.7	18.9	9.9	9.9
Numerator	10	13	21	11	11
Denominator	109731	110742	110959	111368	111368
Data Source				Death Certificates	Death Certificates
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	9.8	9.8	9.8	9.7	9.7

Notes - 2009

2008 death records have not been finalized, 2008 deaths have been used as best estimate.
2009 population by age not available at time of entry, 2008 used as best estimate.

Notes - 2008
2008 death records have not been finalized, 2007 deaths have been used as best estimate.
2008 population by age not available at time of entry, 2007 used as best estimate.

Notes - 2007
2007 death records have not been finalized, 2006 deaths have been used as best estimate.
2007 population by age not available at time of entry, 2006 used as best estimate.

a. Last Year's Accomplishments
Idaho State University's Institute of Rural Health closed out its first Garrett Lee Smith Memorial Act youth suicide prevention grant and received another in the past year. The new Awareness to Advocacy Youth Suicide Prevention Project is designed to reduce suicide attempts and completions among 15-24 year olds regardless of race or ethnic origin.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Continue Youth Suicide Prevention Early Intervention Coalition, a State-level public/private partnership.				X
2. Provide gatekeeper training for university residence hall staff, other student staff and community gatekeepers.				X
3. Statewide suicide prevention referral sources will be available through 2-1-1 Idaho CareLine.		X		
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
Gatekeeper suicide prevention trainings, awareness media campaigns, cultural toolkits, and technical assistance were provided to Suicide Prevention Action Network (SPAN) chapters in all 7 regions of the state for distribution region wide. Suicide prevention media materials, posters and radio ads, were distributed to schools and other locations and to radio stations statewide. ISU-IRH worked collaboratively with the Governor's Council on Suicide prevention, which is serving as the advisory group to the current grant.

c. Plan for the Coming Year
ISU-IRH will be funding a gatekeeper program to support a rewrite to the State Suicide Prevention Plan in the coming months. Additional plans for the coming year include design and implementation of Academies covering social marketing, suicide lethality assessments and advocacy for change. In person Academies will be held as well as videoconferences and webinars. The first Academy is scheduled to be held in conjunction with the SPAN Idaho Conference in September. Additional gatekeeper trainings for adults focusing on risk and protective factors for suicide in youths will be held in the 7 regions of the state. The curriculum for the gatekeeper trainings is based on the Better Todays, Better Tomorrows course designed in Idaho and recognized as a best practices by the Rand Corp., Substance Abuse and Mental Health Services Administration, National Rural Health Association and others.

Performance Measure 17: *Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective	75	75	75	75	75
Annual Indicator	99	99	99	99	99
Numerator					
Denominator					
Data Source				No reliable data	No reliable data source
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	99	99	99	99	99

Notes - 2009
Prior to data year 2003, Idaho hospitals with a NICU were used as a proxy measure. However, Idaho has since found errors in that proxy measure and currently does not have a replacement measure. 99 entered to save form.

Notes - 2008
Prior to data year 2003, Idaho hospitals with a NICU were used as a proxy measure. However, Idaho has since found errors in that proxy measure and currently does not have a replacement measure. 99 entered to save form.

Notes - 2007
Prior to data year 2003, Idaho hospitals with a NICU were used as a proxy measure. However, Idaho has since found errors in that proxy measure and currently does not have a replacement measure. 99 entered to save form.

a. Last Year's Accomplishments
With the assistance of the Idaho Perinatal Project Advisory Board, Idaho was successful in passing a bill requiring the licensure of midwives. The manager of Idaho's Pregnancy Risk Assessment Tracking System (PRATS) serves on this Board providing strong leadership with data needs. The relationship between PRATS, the Idaho Perinatal Project and Title V continues to be effective and strong.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	**ES**	**PBS**	**IB**
1. PRATS survey will monitor utilization of neonatal intensive care services.				X
2. The contractors with the family planning program will provide pregnancy testing and make referrals as appropriate.	X			

3. With the passage of the Midwife Licensure Bill, support partners in the rule making process and implementation of licensure.			X	X
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
Title V supported effort to promulgate Administrative Rules guiding the implementation of the Midwife Licensure Bill. Title V worked with PRATS, the Perinatal Project, the Early Childhood Coordinating Council, Medicaid, the March of Dimes and other partners to address this measure.

c. Plan for the Coming Year
Title V will continue to work with PRATS, the Perinatal Project, the Early Childhood Coordinating Council, Medicaid, the March of Dimes and other partners to address issue of very low birth weight infants even though the state does not have any designated facilities to allow us to accurately capture this measure.

Performance Measure 18: *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	85	86	78	73	73.2
Annual Indicator	71.4	71.7	71.7	69.4	71.5
Numerator	15889	16772	17399	17177	16432
Denominator	22245	23391	24263	24737	22969
Data Source				Birth certificate	Birth Certificate
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	73.2	73.2	73.2	73.2	73.2

Notes - 2009
2004, the Idaho birth certificate was revised. Beginning in 2004, Idaho prenatal care data are based on date of first prenatal care visit as reported in the mother's medical record. Data are not comparable with Idaho or national data based on month prenatal care began. Prior to the revision, month prenatal care began may have been estimated from mother's recollection or based on information in mother's medical record

Denominator is the total number of births to Idaho women minus the number of births in which

trimester prenatal care began was unknown.

2009 Preliminary data are based on births filed with Vital Statistics as of 3/22/2010. Approximately 700 birth records have not been received from out of state and final data will differ from preliminary data.

Notes - 2008
2004, the Idaho birth certificate was revised. Beginning in 2004, Idaho prenatal care data are based on date of first prenatal care visit as reported in the mother's medical record. Data are not comparable with Idaho or national data based on month prenatal care began. Prior to the revision, month prenatal care began may have been estimated from mother's recollection or based on information in mother's medical record

The PRATS survey has a self-reported rate of 86.5% among responses to the survey.

Notes - 2007
2004, the Idaho birth certificate was revised. Beginning in 2004, Idaho prenatal care data are based on date of first prenatal care visit as reported in the mother's medical record. Data are not comparable with Idaho or national data based on month prenatal care began. Prior to the revision, month prenatal care began may have been estimated from mother's recollection or based on information in mother's medical record.

a. Last Year's Accomplishments
During CY 2009, 24,855 women received counseling from the family planning program. Of those women, 2,514 were found to be pregnant. Those women who were pregnant were screened for high risk behaviors and referral made as indicated. All women were referred appropriately to obstetricians in order to begin early prenatal care.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. The Family Planning Program will provide pregnancy testing and referral for prenatal care.	X		X	
2. Utilize PRATS.				X
3. The WIC Program will provide nutritional counseling and information on other pregnancy risk factors.			X	
4. The Idaho CareLine will provide referrals for prenatal care.		X		
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
Women continue to receive program services including counseling from the family planning program. Women found to be pregnant are screened for high risk behaviors and appropriate referrals are made. Pregnant women continue to be appropriately referred to obstetricians in order to begin early prenatal care.

c. Plan for the Coming Year

Women will receive program services including counseling from the family planning program. Women found to be pregnant will be screened for high risk behaviors and appropriate referrals will be made. Pregnant women will be appropriately referred to obstetricians in order to begin early prenatal care.

D. State Performance Measures

State Performance Measure 1: *Percent of mothers who were screened for post partum depression within three months following delivery.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective		75	75	80	80
Annual Indicator	99	99	99	99	99
Numerator					
Denominator					
Data Source				No reliable data	No reliable data source
Is the Data Provisional or Final?				Provisional	Provisional
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	80	80	80	80	

Notes - 2009
No screening data is available at this time. 99 has been entered to save form.

From the 2008 Idaho PRATS survey 57.1% of women self-report they were "a little depressed," "moderately depressed," or "very depressed" during the 3 months following delivery. This is not entered on the form as it is not the result of any form of clinical screening and the time period does not match that of the measure.

PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numeration and denominator not provided as they would be the results of weighted survey sample data.

Notes - 2008
No screening data is available at this time. 99 has been entered to save form.

From the 2007 Idaho PRATS survey 57.0% of women self-report they were "a little depressed," "moderately depressed," or "very depressed" during the 3 months following delivery. This is not entered on the form as it is not the result of any form of clinical screening and the time period does not match that of the measure.

PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numeration and denominator not provided as they would be the results of weighted survey sample data.

Notes - 2007
No screening data is available at this time. 99 has been entered to save form.

From the 2006 Idaho PRATS survey 55.4% of women self-report they were "a little depressed," "moderately depressed," or "very depressed" during the 3 months following delivery. This is not entered on the form as it is not the result of any form of clinical screening and the time period

does not match that of the measure.

PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numeration and denominator not provided as they would be the results of weighted survey sample data.

a. Last Year's Accomplishments
Local health districts continue to have a desire to address PPD in their clinics by increasing screening of women seen in their offices. However, the system continues to lack the infrastructure for referral.

Table 4b, State Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Support local health district advisory boards which guide education materials and outreach.		X	X	
2. Reproductive health information through high school classes.		X		
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
Interest in PPD remains high particularly as the current economic situation puts additional stress on families. MCH will continue to work with partners to strengthen the infrastructure and improve the systems we have to address this issue.

c. Plan for the Coming Year
Collaboration between stakeholders such as the Idaho Perinatal Project, the Early Childhood Coordinating Council, the Department of Health and Welfare, hospitals, providers, etc. will continue.

State Performance Measure 2: *The percent of Medicaid and SCHIP children ages 1 and 2 that received the expected number of EPSDT screens.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective		75	75.2	75.4	75.6
Annual Indicator	70.5	67.4	66.4	71.7	70.8
Numerator	16834	16430	17301	19373	19570
Denominator	23865	24390	26045	27037	27626
Data Source				Health and Welfare report HWMF_0096	Health and Welfare
Is the Data Provisional or Final?				Provisional	Provisional

	2010	2011	2012	2013	2014
Annual Performance Objective	75.8	76	76	76	

Notes - 2008
Values entered reflect EPSDT screenings for Medicaid and Idaho CHIP enrollees <=1 year of age only.

Notes - 2007
Values entered reflect EPSDT screenings for Medicaid and Idaho CHIP enrollees <=1 year of age only.

Form 17 HSC 02 and 03 combined.

a. Last Year's Accomplishments
Efforts continue in educating providers that the reimbursement rate for well child checks has increased to match commercial rates. Efforts continued to increase the percent of children with a medical home -- currently 89.4%.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Continue education of parents and providers regarding changes to Medicaid Modernization.		X		
2. Continue referrals as necessary for children who do not have a regular health care provider to establish a medical home.		X		
3. Enhance preventative services targeted to young children and families through Medicaid.	X			X
4. Continue monitoring Medicaid data to evaluate number of children receiving appropriate screens.				X
5. Wellness Preventive Health Assistance provides an incentive to parents of CHIP children to keep check ups current.		X		
6.				
7.				
8.				
9.				
10.				

b. Current Activities
The measure reported this year is different pursuant to CMS request. Idaho closely monitors data in this area.

c. Plan for the Coming Year
Idaho will continue to closely monitor data in this area.

State Performance Measure 3: *Percent of 9th - 12th grade students that report having engaged in sexual intercourse.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective			36.5	36	35.5

Annual Indicator	39	39	42	42	39
Numerator					
Denominator					
Data Source				YRBS	YRBS
Is the Data Provisional or Final?				Provisional	Provisional
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	35	34.5	34.5	34.5	

Notes - 2009
YRBS Survey in 2009

Numerator and denominator not available

Notes - 2008
YRBS Survey in 2007
Results from: RESULTS OF THE 2007 IDAHO YOUTH RISK BEHAVIOR SURVEY AND 2006 SCHOOL HEALTH EDUCATION PROFILE, November 2007
Numerator and denominator not available
Most recent data available

Notes - 2007
YRBS Survey in 2007
Results from: RESULTS OF THE 2007 IDAHO YOUTH RISK BEHAVIOR SURVEY AND 2006 SCHOOL HEALTH EDUCATION PROFILE, November 2007
Numerator and denominator not available

a. Last Year's Accomplishments
During CY 2009, family planning clinics around the state served a total of 2,578 teens aged 15-17 years of age compared with 3,014 teens aged 15-17 years of age who received services in CY 2008--a decrease of 14.5 percent, or 436 clients, who were served in CY 2009. Idaho's teen pregnancy rate for 15-17 year olds is 16.1 percent (provisional data). The 2008 teen pregnancy rate was 19.9 percent. The data show a slight increase in teen pregnancy rates for 2006, 2007 and 2008 and a slight decrease in the rates for 2009.

The 15-17 year old teen clients received a physical assessment, education, and counseling services. All clinics continued to emphasize adolescent education which focuses on abstinence, parental involvement, contraception and STI/STD prevention.

Table 4b, State Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Support local health district advisory boards, which guide education materials and outreach.		X	X	
2. Continue support of Ada County Juvenile Detention Center project.			X	
3. Reproductive health information through high school classes and supported by local boards.		X		
4. Continue to develop comprehensive educational methods targeted to teens.		X		X
5. Continue support of Teen Education Afternoon (TEA) health district clinic.		X	X	
6.				
7.				

8.				
9.				
10.				

b. Current Activities
All health districts provide family planning services to teen clients. Many districts provide extended clinic hours in the evening to accommodate teen client's schedules.

All the health districts have active advisory boards within their family planning programs which guide the content of education materials and provide direction for outreach activities. All of the advisory boards have committee members of various backgrounds including faith based members and teen representatives. These relationships have allowed the boards to develop more trusting relationships with local groups.

The Teen Education Afternoon (TEA) clinic in Health District 6 (Southeastern Idaho) continues to be available to teens 13-19 years of age. The TEA is a walk-in clinic service for teens that is conducted every Thursday afternoon. During the clinic, teens are screened for STIs as related to their risk behaviors and a risk reduction plan is developed. Information is offered on how to say no to sexual pressure, immunizations, pregnancy education, testing and counseling, and up-to-date information on hot topics occurring within the health district. Client-centered, one-on-one counseling is also provided.

The Adolescent Pregnancy Prevention (APP) Manager, the Family Planning Coordinator, and the STD Prevention Coordinator meet together periodically to discuss collaboration and coordination efforts between their programs.

c. Plan for the Coming Year
Comprehensive educational messages will continue to be developed that target teens and provide information on issues like abstinence, STIs, parental involvement, sexual coercion, and birth control methods.

The Teen Education Afternoon (TEA) clinic at Health District 6 (Southeastern Idaho) continues to be available to teens 13-19 years of age. TEA is a walk-in clinic service for teens that is conducted every Thursday afternoon. During the clinic, teens are screened for STIs as related to their risk behaviors and a risk reduction plan is developed. Information is offered on how to say no to sexual pressure, immunizations, pregnancy education, testing and counseling, and up-to-date information on hot topics occurring within the health district. Client-centered, one-on-one counseling is also provided.

The Ada County Juvenile Detention Center project will continue during FY 2011. The project provides access to reproductive health care services for high-risk adolescents. Residents will be given the opportunity to receive services through weekly preventive reproductive health clinics. Pre- and post-test evaluations will be given to measure the level of intention to change risky sexual behaviors.

The Adolescent Pregnancy Prevention (APP) Manager, the Family Planning Coordinator, and the STD Prevention Coordinator will meet together periodically to discuss collaboration and coordination efforts between their programs.

State Performance Measure 4: *Percent of 9th – 12th grade students who used any type of tobacco in the past 30 days*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective		21	21	21	0
Annual Indicator	21.4	21.4	26.1	26.1	21.5
Numerator					
Denominator					
Data Source				YRBS	YRBS
Is the Data Provisional or Final?				Provisional	Provisional
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	0	0	0	0	

Notes - 2009
Based on 2007 YRBS questions regarding cigarette smoking and smokeless tobacco use.

Numerator and denominator not available

Goals are 0 because someone in the past entered a zero and we are not allowed to enter any value larger

Notes - 2008
Based on 2007 YRBS questions regarding cigarette smoking and smokeless tobacco use.

Numerator and denominator not available

Goals are 0 because someone in the past entered a zero and we are not allowed to enter any value larger

Notes - 2007
Based on 2007 YRBS questions regarding cigarette smoking and smokeless tobacco use.

Numerator and denominator not available

Goals are 0 because someone in the past entered a zero and we are not allowed to enter any value larger

a. Last Year's Accomplishments
Project Filter continued to support the American Lung Association of Idaho in implementation of the Teens Against Tobacco Use (TATU) program in Idaho schools. Protect Filter supports the American Lung Association's efforts to implement TATU through our contract with Idaho's Seven Local Public Health Districts. This past year, the TATU program trained approximately 1,109 high school students as peer educators who saw over 14,000 elementary and junior high school students. Peer Educators are trained in the TATU tobacco prevention curriculum and receive training on presentation skills. Students are also reached through on campus marketing efforts and school announcements.

Project Filter completed a handbook for coaches "Coaching Youth to Success: Healthy Players Make a Winning Team" that is designed to address tobacco use and other health issues (asthma, nutrition, diabetes, injuries, sun safety and violence) when working with young athletes. The handbook will be distributed next year.

Project Filter collaborated with Idaho State University and Idaho Commission on Hispanic Affairs - Teens Eagerly Eliminating Nicotine Substances youth coalition (T.E.E.N.S.) to develop a radio and community campaign to address youth tobacco use in Canyon County. This was the second year of a two-year project funded in part by American Legacy Foundation. Four radio spots were developed and aired in English and Spanish. T.E.E.N.S. had a presence at community events,

held a tobacco-free hip hop concert, and began making school presentations. Campaign details are available on www.burningup.org.

Project Filtered continued support of four Tribal tobacco programs. Nez Perce Tribe held it's annual culture camp which included classes on tobacco abuse vs. sacred use of tobacco. Coeur d'Alene Tribe worked with Tribal schools and Tribal court to implement a referral policy for youth caught abusing tobacco. Youth are referred for cessation services. 10 Coeur d'Alene youth were TATU trained. Shoshone-Bannock and Shoshone-Paiute Tribes provided sacred and commercial tobacco education to approximately 300 youth participating in summer recreation programs. All four Tribes provided tobacco-free signage to Tribal schools.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Coordinate and implement TATU program in 5 of 7 health districts.		X		
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Project Filter supported 2 of 7 Health Districts in working in collaboration with the American Lung Association in the implementation and coordination of their TATU program in Idaho High Schools.

Project Filter is working with the Department of Education and Idaho Association of Athletic Directors on a distribution plan to get the Coaches Handbook throughout Idaho schools.

Project Filter continues to support Idaho Commission on Hispanic Affairs and four Tribal tobacco prevention and control programs and their various efforts to impact youth smoking through schools, youth coalitions, recreation and summer culture programs.

c. Plan for the Coming Year

Project Filter will continue to support the efforts of the American Lung Association to implement their TATU program in Idaho schools. Project Filter will offer TATU as a menu item that Health District can choose to work as a contract deliverable for next year.

Project Filter will continue to work with the Coordinate School Health Coordinator and Department of Education to ensure that tobacco-free school ground policies are being actively enforced.

Project Filter will distribute the Coaches Handbook throughout Idaho schools.

Project Filter will support Tribes in their efforts to address tobacco abuse by youth. Two Tribes plan to implement TATU programs locally. Two Tribes and Idaho Commission on Hispanic Affairs plan to hold youth driven community events where tobacco prevention and control are part or a central theme for the event (such as Kick Butts Day). T.E.E.N.S. will continue to deliver school

presentations, implement the TATU program and continue with their community marketing efforts by collecting stories of people who have been adversely affected by tobacco abuse and sharing these stories at community events.

State Performance Measure 5: *Percent of pregnant women who received dental care during pregnancy.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective		50	45	45.1	45.3
Annual Indicator	43.6	43.6	43.4	45.5	50.4
Numerator					
Denominator					
Data Source				PRATS	PRATS
Is the Data Provisional or Final?				Provisional	Provisional
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	45.5	45.5	45.7	45.7	

Notes - 2009
Data source is 2008 Idaho PRATS survey. Data for 2009 not available at time of submission. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numeration and denominator not provided as they would be the results of weighted survey sample data.

Notes - 2008
Data source is 2007 Idaho PRATS survey. Data for 2008 not available at time of submission. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numeration and denominator not provided as they would be the results of weighted survey sample data.

Notes - 2007
Data source is 2006 Idaho PRATS survey. Data for 2007 not available at time of submission. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numeration and denominator not provided as they would be the results of weighted survey sample data.

a. Last Year's Accomplishments
Pregnant women in WIC were reminded to see a dentist during their pregnancy as part of health district oral health education.

Table 4b, State Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Establish referral network for physicians and dentists.				X
2. Conduct a survey of dentists about accepting Medicaid referred patients.				X
3. Continue evaluation of PRATS and ID birth certificate data.				X
4. Continue to improve dental coverage for pregnant women through Medicaid.			X	
5. Educate providers and pregnant women regarding link			X	

between good oral health and improved birth outcomes.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
There is no ongoing activity with this program.

c. Plan for the Coming Year
The Health Departments will continue education of pregnant women. The Idaho Oral Health Action Plan addresses oral health care of pregnant women.

State Performance Measure 6: *Percent of Medicaid and SCHIP children who are fully immunized by age 2.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective		90	90	90	90
Annual Indicator	80	65	62.5	83.6	
Numerator			210	734	
Denominator			336	878	
Data Source				Provider assessments	
Is the Data Provisional or Final?				Provisional	
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	90	90	90	90	

Notes - 2009
Data is an estimate from provider visit assessments

Notes - 2008
Data is an estimate from provider visit assessments

Notes - 2007
The rate is calculated from provider assessments.

a. Last Year's Accomplishments
Beginning in 2006, the Idaho Immunization Program modified the information collected in physician's offices during a scheduled quality assurance visit to include the Medicaid status of each patient assessed. The IIP continued to collect and assess this information in 2009.

The IIP continued to partner with Medicaid to monitor, develop and implement strategies to increase immunization rates.

Table 4b, State Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Ongoing evaluation of the Medicaid population's immunization				X

rate through chart review.				
2. Ongoing evaluation of the state immunization rate for all children.				X
3. Referral for immunization through WIC link linkage.				X
4. Educate public regarding immunization awareness.			X	
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
The Idaho Immunization Program is continuing to monitor the data collected from the Quality Assurance Reviews. The IIP has established protocols which include collecting the Medicaid status of each patient assessed. This data is entered into Co-CASA and analyzed.

The IIP is continuing to target immunization providers that do not have a minimum of 80% coverage level for the 4:3:1:3:3:1 (4 DTaP, 3 IPV, 1 MMR, 3 Hib, 3 Hep B, 1 Varicella) immunization series. Providers that do not have at least an 80% coverage rate receive an action plan developed by the Quality Assurance Specialist (QAS) in conjunction with the provider. The Quality Assurance Specialists are communicating the importance of all children receiving immunizations and bringing special attention to missed opportunities. The IIP plans to visit approximately two-thirds of all VFC providers in 2010 with Quality Assurance Reviews.

c. Plan for the Coming Year
The IIP will continue to partner with Medicaid to monitor and implement strategies to increase immunization rates as a result of the difference in coverage levels between non-Medicaid and Medicaid children.

In an effort to impact the national objective of 90% immunization rates for children aged 2 years and increasing the accuracy of IRIS, the IIP has modified the method of assessing providers during the QAR visit. Beginning in 2010 all providers receiving a QAR visit will have their immunization rates assessed utilizing the information contained in IRIS. The QAS sends out the missing immunization report to the provider before the scheduled visit so that the provider can pull the records of children with missing immunizations. During the site visit the immunization records of children missing immunizations are updated in IRIS with new information from the clinic. A second assessment is run after IRIS is updated.
In July of 2010, all VFC providers will be required to input vaccines administered, VFC-eligibility, and insurance status into IRIS. This new requirement will enable the IIP to better monitor and manage VFC-eligibility and provider inventory levels.
The IIP plans to visit approximately two-thirds of all VFC providers in 2010 with Quality Assurance Reviews (QAR).

The IIP will also continue to implement the strategic plan developed in late 2007 to increase immunization rates for both Medicaid and non-Medicaid children.

State Performance Measure 7: *Percent of 9th – 12th grade students that are overweight.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009

Annual Performance Objective					
Annual Indicator	7	7	11	11	20.8
Numerator					
Denominator					
Data Source				YRBS	YRBS
Is the Data Provisional or Final?				Provisional	Provisional
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective					

Notes - 2009
YRBS Survey in 2009

Numerator and denominator not available

Objective rates are set at 0 because of an error at some time in the past an we are unable to adjust to more realistic objectives due to entry constraints imposed by the entry form.

Notes - 2008
YRBS Survey in 2007
Results from: RESULTS OF THE 2007 IDAHO YOUTH RISK BEHAVIOR SURVEY AND 2006 SCHOOL HEALTH EDUCATION PROFILE, November 2007
Numerator and denominator not available

Objective rates are set at 0 because of an error at some time in the past an we are unable to adjust to more realistic objectives due to entry constraints imposed by the entry form.

2007 Data entered as most recent available.

Notes - 2007
YRBS Survey in 2007
Results from: RESULTS OF THE 2007 IDAHO YOUTH RISK BEHAVIOR SURVEY AND 2006 SCHOOL HEALTH EDUCATION PROFILE, November 2007
Numerator and denominator not available

Objective rates are set at 0 because of an error at some time in the past an we are unable to adjust to more realistic objectives due to entry constraints imposed by the entry form.

a. Last Year's Accomplishments
The Idaho Physical Activity and Nutrition Program (IPAN) contracted with the seven local public health districts to establish a regional Action for Healthy Kids (AFHK) team in their district. Each health district coordinator held at least one meeting for local stakeholders interested in establishing regional AFHK teams. Several of the coordinators have worked to incorporate Coordinated School Health pilot schools on their teams. Additionally, each health district coordinator awarded at least one AFHK mini grant to a school to elicit parent involvement in improving physical activity and nutrition for students. Several districts were able to issue mini grants to more than one school for activities such as school gardens and jump rope clubs.

The health district coordinators in each of the seven public health districts were also contracted to provide regional trainings to promote the Color Me Healthy program to child care providers. The coordinators were also responsible for working with the child care sites to obtain materials, and provide ongoing technical assistance to the sites.

A Coordinated School Health Program Specialist was hired in April 2009. Since then, the CSH team has provided funding to 9 pilot schools to receive professional development and technical

assistance to build a CSH team within their school building. Under the guidance of the CSH Program, each school was able to complete a Healthy School Report Card assessment and develop action plans to begin to address health related education, policies and environmental changes. In 2009, the CSH program staff was also instrumental in writing new state health education and physical education standards that more closely align to national standards. The standards were passed by the Idaho State Legislature in March 2010.

The CSH program staff contracted with the Idaho Association of Health Ed, PE, Recreation and Dance (IAHPERD) and the University of Idaho to complete a BMI study of students in odd grades 1-11 across the state. These results were published in concert with the results of a PE teacher study in February 2010.

IPAN applied for ARRA CPPW Component 1 funding and was issued an award in March 2010 to begin work on two initiatives: 1) statewide school vending policy, and 2) community based complete streets policies.

Table 4b, State Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Develop media campaign to encourage families to become more active and eat better using Idaho CareLine.		X		
2. Technical assistance will be made available to schools regarding their school wellness policies.				X
3. Formalize a state Physical Activity and Nutrition Alliance/Coalition.				X
4. Conduct BMI surveillance of 3rd graders.			X	X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

IPAN has hired a contractor to assist in the development of a Healthy Eating Active Living (HEAL Idaho) network to act as an obesity coalition to support and initiate statewide endeavors. The first task of the group will be to develop a two-year state plan to address physical activity and nutrition.

IPAN staff are currently working to fill two contractor positions to implement the ARRA CPPW Component 1 initiatives mentioned above. IPAN staff have written detailed two-year implementation plans and anticipate having the contractor positions filled by June 2010.

The CSH Program Specialist has been working to develop an evaluation plan for the CSH pilot schools. An additional 3 pilot schools have been funded for the 2010-2011 school year and all schools will be asked to begin to implement the CSH model at the district level with the assistance from CSH staff.

c. Plan for the Coming Year

Assist in establishing the HEAL Idaho partnership and complete a physical activity and nutrition state plan.

Complete Year 1 objectives toward implementing a state school vending policy and community based complete streets policies. This will include providing oversight and technical assistance to contractors, conducting research and engaging in community education toward the promotion of the respective policies.

The seven local public health districts will expand their regional AFHK teams, choosing a physical activity and nutrition-related priority area to address with each team, such as school breakfast, school gardens, and physical activity and nutrition health educational efforts. They will continue to provide technical assistance to schools and provide resources to CSH funded pilot schools.

2009 BMI Study Results (n=5,242)
30.5% of students sampled were classified as overweight or obese
1st grade had the lowest percentage with 24.3% overweight or obese
7th grade had the higher percentage with 33% overweight or obese
1.4% of students were underweight
Boys were significantly more likely to be obese than girls
Schools with the highest rate of obesity also had the highest percentage of students with low SES (as measured by FRL rates)

E. Health Status Indicators

Introduction

The Health Status Indicators provide quite comprehensive demographic information as well as select birth, death and condition information. While all of this information is available elsewhere, it consolidates key measures of significance to the MCH population and program in one area.

This data allows us a comprehensive picture of who current funding is affecting either directly or indirectly. Through the evaluation of outcomes from each of these programs or areas, we are able to weigh the impact of our funding and shift funds as necessary in order to serve the most individuals at highest risk. While this state level data points may assist in program direction, Idaho efforts such as the expanded PRATS survey make it possible for us to look at the issues at a more local level.

Surveillance of these key indicators allows us to monitor our progress in relationship to other MCH programs. The indicators are not particularly useful for evaluation purposes.

Health Status Indicators 01A: *The percent of live births weighing less than 2,500 grams.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Indicator	6.7	6.9	6.6	6.5	6.3
Numerator	1544	1676	1643	1643	1446
Denominator	23049	24163	25016	25150	23040
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					

Is the Data Provisional or Final?				Final	Provisional

Notes - 2009
Denominator is the total number of births to Idaho women minus the number of births in which birth weight was unknown.

2009 Preliminary data are based on births filed with Vital Statistics as of 3/22/2010.
Approximately 700 birth records have not been received from
out of state and final data will differ from preliminary data.

Notes - 2007
Birth records for Idaho 2007 not final as of entry.

Narrative:
Data for this indicator are from Idaho birth records. MCH supports and works with the Idaho Perinatal Project and March of Dimes to positively impact this measure.

Health Status Indicators 01B: *The percent of live singleton births weighing less than 2,500 grams.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Indicator	5.0	5.2	4.9	5.0	4.9
Numerator	1119	1213	1201	1216	1101
Denominator	22366	23415	24267	24387	22380
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2009
Denominator is the total number of singleton births to Idaho women minus the number of births in which birth weight was unknown.

2009 Preliminary data are based on births filed with Vital Statistics as of 3/22/2010.
Approximately 700 birth records have not been received from
out of state and final data will differ from preliminary data.

Notes - 2007
Birth records for Idaho 2007 not final as of entry.

Narrative:
Data for this indicator are from Idaho birth records. MCH supports and works with the Idaho Perinatal Project and March of Dimes to positively impact this measure.

Health Status Indicators 02A: *The percent of live births weighing less than 1,500 grams.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**

Annual Indicator	1.1	1.2	1.1	1.0	1.0
Numerator	257	295	280	263	234
Denominator	23049	24163	25016	25150	23040
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2009
Denominator is the total number of births to Idaho women minus the number of births in which birth weight
was unknown.

2009 Preliminary data are based on births filed with Vital Statistics as of 3/22/2010. Approximately 700 birth records have not been received from
out of state and final data will differ from preliminary data.

Notes - 2007
Birth records for Idaho 2007 not final as of entry.

Narrative:
Data for this indicator are from Idaho birth records. MCH supports and works with the Idaho Perinatal Project and March of Dimes to positively impact this measure.

Health Status Indicators 02B: *The percent of live singleton births weighing less than 1,500 grams.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Indicator	0.7	0.9	0.8	0.8	0.8
Numerator	166	207	197	188	182
Denominator	22366	23415	24267	24387	22380
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2009
Denominator is the total number of births to Idaho women minus the number of births in which birth weight
was unknown.

2009 Preliminary data are based on births filed with Vital Statistics as of 3/22/2010. Approximately 700 birth records have not been received from
out of state and final data will differ from preliminary data.

Notes - 2007

Birth records for Idaho 2007 not final as of entry.

Narrative:
Data for this indicator are from Idaho birth records. MCH supports and works with the Idaho Perinatal Project and March of Dimes to positively impact this measure.

Health Status Indicators 03A: *The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	12.6	11.7	12.4	9.0	9.0
Numerator	39	38	42	31	31
Denominator	308945	325906	339358	344821	344821
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2009
2009 death records not finalized at time of entry, 2008 final entered as best estimate.

2009 population not available at entry, used 2008 Census population estimate.

Notes - 2008
2008 death records not finalized at time of entry, 2007 final entered as best estimate.

2008 population not available at entry, used 2007 Census population estimate.

Notes - 2007
2007 death records not finalized at time of entry, 2006 final entered as best estimate.

2007 population not available at entry, used 2006 Census population estimate.

Narrative:
Idaho continues to strengthen its injury prevention program. MCH funds are supporting this effort; and while the program is located in the Bureau of Community and Environmental Health, the MCH director works with both the program manager and bureau chief. Idaho does not have a child mortality review board, which impacts work in this area.

Idaho still does not have a primary seat belt law. Idaho is, however, tightening the seat belt law by tying court costs to the fine for those caught without using a seat belt. Policy efforts by MCH partners will continue to strengthen the laws.

Health Status Indicators 03B: *The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	5.8	4.9	7.7	2.6	4.4
Numerator	18	16	26	9	15
Denominator	308945	325906	339358	344821	344821
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2009
2009 death records not finalized at time of entry, Dept of Transportation preliminary traffic accident fatalities entered as best estimate.

2009 population not available at entry, used 2008 Census population estimate.

Notes - 2008
2008 death records not finalized at time of entry, 2007 final entered as best estimate.

2008 population not available at entry, used 2007 Census population estimate.

Notes - 2007
2007 death records not finalized at time of entry, 2006 final entered as best estimate.

2007 population not available at entry, used 2006 Census population estimate.

Narrative:
Idaho continues to strengthen its injury prevention program. MCH funds are supporting this effort and while the program is located in the Bureau of Community and Environmental Health, the MCH director works with both the program manager and bureau chief. Idaho does not have a child mortality review board, which impacts work in this area.

Health Status Indicators 03C: *The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	32.0	29.4	26.9	25.1	20.0
Numerator	72	64	58	54	43
Denominator	224678	217461	215401	215425	215425
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2009
2009 death records not finalized at time of entry, Dept of Transportation preliminary traffic accident fatalities entered as best estimate.

2009 population not available at entry, used 2008 Census population estimate.

Notes - 2008
2008 death records not finalized at time of entry, 2007 final entered as best estimate.

2008 population not available at entry, used 2007 Census population estimate.

Notes - 2007
2007 death records not finalized at time of entry, 2006 final entered as best estimate.

2007 population not available at entry, used 2006 Census population estimate.

Narrative:
Idaho continues to strengthen its injury prevention program. MCH funds are supporting this effort; and while the program is located in the Bureau of Community and Environmental Health, the MCH director works with both the program manager and bureau chief. Idaho does not have a child mortality review board, which impacts work in this area.

Idaho still does not have a primary seat belt law. Idaho is, however, tightening the seat belt law by tying court costs to the fine for those caught without using a seat belt. Policy efforts by MCH partners will continue to strengthen the laws.

Health Status Indicators 04A: *The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Indicator	999	999	999	999	999
Numerator					
Denominator					
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2009
Could not identify a realistic source of data.
Entered 999 so that the form would save.

Notes - 2008
Could not identify a realistic source of data.
Entered 999 so that the form would save.

Notes - 2007
Could not identify a realistic source of data.
Entered 999 so that the form would save.

Narrative:

Idaho does not have a source for this data. A statewide trauma registry is in the early stages of development.

Currently, case data is collected 1) By exports from large hospitals with in-house registries, 2) By hospitals using web based software, or 3) By Idaho Trauma Registry staff collecting case data onsite for hospitals seeing fewer than 20 traumas per month. Hospital data are probabilistically linked with EMS run sheets, Vital Records death data and motor vehicle collision reports to provide a longitudinal picture of each case.

Trauma registry data are not yet statewide but do provide an indication of the magnitude of the severe injury problem in Idaho. Data that are collected include cause of injury, which may be useful for developing and implementing targeted injury prevention programs.

Health Status Indicators 04B: *The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Indicator	406.9	360.5	336.8	308.9	281.0
Numerator	1257	1175	1143	1065	969
Denominator	308945	325906	339358	344821	344821
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2009
Population total not available at this time. Population for 2008 used to calculate rate.

Injuries reflect accidents classified as reportable by Idaho Dept of Transportaion where age of injured, or possibly injured person is known.
Injury count is also preliminary, 2009 data has not been finalized by IDT.

Notes - 2008
Population total not available at this time. Population for 2007 used to calculate rate.

Injuries reflect accidents classified as reportable by Idaho Dept of Transportaion where age of injured, or possibly injured person is known.
Injury count is also preliminary, 2008 data has not been finalized by IDT.

Notes - 2007
Population total not available at this time. Population for 2006 used to calculate rate.

Injuries reflect accidents classified as reportable by Idaho Dept of Transportaion where age of injured, or possibly injured person is known.
Injury count is also preliminary, 2007 data has not been finalized by IDT.

Narrative:

Idaho still does not have a primary seat belt law. Idaho is, however, tightening the seat belt law by tying court costs to the fine for those caught without using a seat belt. While the rate has declined as policy has changed, efforts will continue to impact this measure through education and policy. Policy efforts by MCH partners will continue to strengthen the laws.

Health Status Indicators 04C: *The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Indicator	2,062.5	2,077.6	2,049.7	1,697.6	1,563.9
Numerator	4634	4518	4415	3657	3369
Denominator	224678	217461	215401	215425	215425
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2009
Population total not available at this time. Population for 2008 used to calculate rate.

Injuries reflect accidents classified as reportable by Idaho Dept of Transportaion where age of injured, or possibly injured person is known.
Injury count is also preliminary, 2009 data has not been finalized by IDT.

Notes - 2008
Population total not available at this time. Population for 2007 used to calculate rate.

Injuries reflect accidents classified as reportable by Idaho Dept of Transportaion where age of injured, or possibly injured person is known.
Injury count is also preliminary, 2008 data has not been finalized by IDT.

Notes - 2007
Population total not available at this time. Population for 2006 used to calculate rate.

Injuries reflect accidents classified as reportable by Idaho Dept of Transportaion where age of injured, or possibly injured person is known.
Injury count is also preliminary, 2007 data has not been finalized by IDT.

Narrative:
Idaho still does not have a primary seat belt law. Idaho is, however, tightening the seat belt law by tying court costs to the fine for those caught without using a seat belt. While the rate has declined as policy has changed, efforts will continue to impact this measure through education and policy. Policy efforts by MCH partners will continue to strengthen the laws.

Health Status Indicators 05A: *The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	14.1	15.2	17.8	21.7	20.3
Numerator	771	829	972	1190	1112
Denominator	54649	54649	54561	54885	54885
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2009
Population estimate for 2009 not available, 2008 population estimate used.

Notes - 2007
Population estimate for 2007 not available, 2006 population estimate used.

Narrative:
Chlamydia rates in this population continue to increase. Federal STD funding has been level. Considerable effort has been made to reach youth through websites and other means that they relate to. Input from youth groups and the Hispanic community have made messages more targeted and meaningful. these efforts and work with local agencies to provide testing and treatment will continue.

Health Status Indicators 05B: *The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	5.5	6.4	6.7	7.4	6.6
Numerator	1349	1565	1647	1804	1621
Denominator	244149	244149	245389	245389	246781
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2009
Population estimate for 2009 not available at entry time, 2008 population estimate used for denominator

Notes - 2007
.

Narrative:
While services to this age range are provided through Title X contracts with local agencies, the focus for outreach has been to teens through age 24.

Health Status Indicators 06A: *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

HSI #06A - Demographics (TOTAL POPULATION)

CATEGORY TOTAL POPULATION BY RACE	**Total All Races**	**White**	**Black or African American**	**American Indian or Native Alaskan**	**Asian**	**Native Hawaiian or Other Pacific Islander**	**More than one race reported**	**Other and Unknown**
Infants 0 to 1	24771	22498	372	471	330	53	1047	0
Children 1 through 4	96975	88489	1762	2256	1207	188	3073	0
Children 5 through 9	113859	104003	2225	2272	1354	211	3794	0
Children 10 through 14	109216	101013	1836	1853	1226	182	3106	0
Children 15 through 19	111368	104545	1243	1985	876	168	2551	0
Children 20 through 24	104057	98205	1188	1825	905	163	1771	0
Children 0 through 24	560246	518753	8626	10662	5898	965	15342	0

Notes - 2011

Narrative:
Census data.

Health Status Indicators 06B: *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and Hispanic ethnicity. (Demographics)*

HSI #06B - Demographics (TOTAL POPULATION)

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	**Total NOT Hispanic or Latino**	**Total Hispanic or Latino**	**Ethnicity Not Reported**
Infants 0 to 1	20494	4277	0
Children 1 through 4	79940	17035	0
Children 5 through 9	95677	18182	0
Children 10 through 14	93137	16079	0
Children 15 through 19	97510	13858	0
Children 20 through 24	92279	11778	0
Children 0 through 24	479037	81209	0

Notes - 2011

Narrative:
Census data.

Health Status Indicators 07A: *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

HSI #07A - Demographics (Total live births)

CATEGORY Total live births	**Total All Races**	**White**	**Black or African American**	**American Indian or Native Alaskan**	**Asian**	**Native Hawaiian or Other Pacific Islander**	**More than one race reported**	**Other and Unknown**
Women < 15	18	10	0	1	0	0	1	6
Women 15 through 17	651	448	10	27	1	0	22	143
Women 18 through 19	1611	1290	13	53	9	1	58	187
Women 20 through 34	20396	17987	84	264	255	38	347	1421
Women 35 or older	2480	2134	12	21	65	2	46	200
Women of all ages	25156	21869	119	366	330	41	474	1957

Notes - 2011

Narrative:
Data from Idaho birth certificates.

Health Status Indicators 07B: *Live births to women (of all ages) enumerated by maternal age and Hispanic ethnicity. (Demographics)*

HSI #07B - Demographics (Total live births)

CATEGORY Total live births	**Total NOT Hispanic or Latino**	**Total Hispanic or Latino**	**Ethnicity Not Reported**
Women < 15	9	9	0
Women 15 through 17	375	272	4
Women 18 through 19	1166	418	27
Women 20 through 34	17192	2949	255
Women 35 or older	2055	390	33
Women of all ages	20797	4038	319

Notes - 2011

Narrative:
Data from Idaho birth certificates.

Health Status Indicators 08A: *Deaths of infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)*

HSI #08A - Demographics (Total deaths)

CATEGORY Total deaths	**Total All Races**	**White**	**Black or African American**	**American Indian or Native Alaskan**	**Asian**	**Native Hawaiian or Other Pacific Islander**	**More than one race reported**	**Other and Unknown**

Infants 0 to 1	146	136	4	0	0	0	2	4
Children 1 through 4	23	22	0	0	0	0	1	0
Children 5 through 9	16	15	0	0	0	0	0	1
Children 10 through 14	23	21	0	1	0	0	0	1
Children 15 through 19	78	68	0	3	0	0	2	5
Children 20 through 24	83	73	0	2	1	0	2	5
Children 0 through 24	369	335	4	6	1	0	7	16

Notes - 2011

Narrative:
Data from Idaho death certificates. Idaho does not have a child mortality review board, making it difficult to identify specifics on these deaths.

Health Status Indicators 08B: *Deaths of infants and children aged 0 through 24 years enumerated by age subgroup and Hispanic ethnicity. (Demographics)*

HSI #08B - Demographics (Total deaths)

CATEGORY Total deaths	**Total NOT Hispanic or Latino**	**Total Hispanic or Latino**	**Ethnicity Not Reported**
Infants 0 to 1	114	32	0
Children 1 through 4	19	4	0
Children 5 through 9	15	1	0
Children 10 through 14	20	3	0
Children 15 through 19	69	9	0
Children 20 through 24	71	12	0
Children 0 through 24	308	61	0

Notes - 2011

Narrative:
Data from Idaho death certificates. Idaho does not have a child mortality review board, making it difficult to identify specifics on these deaths.

Health Status Indicators 09A: *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

HSI #09A - Demographics (Miscellaneous Data)

CATEGORY Misc Data BY RACE	**Total All Races**	**White**	**Black or African American**	**American Indian or Native Alaskan**	**Asian**	**Native Hawaiian or Other Pacific**	**More than one race**	**Other and Unknown**	**Specific Reporting Year**

						Islander	reported		
All children 0 through 19	456189	420548	7438	8837	4993	802	13571	0	2008
Percent in household headed by single parent	24.6	23.3	70.6	65.6	39.3	0.0	42.0	0.0	2008
Percent in TANF (Grant) families	0.9	0.9	1.9	1.8	0.3	1.2	0.0	0.0	2009
Number enrolled in Medicaid	147049	140577	2210	2914	1082	266	0	0	2009
Number enrolled in SCHIP	38500	37303	376	546	232	43	0	0	2009
Number living in foster home care	2877	2407	55	224	15	6	169	1	2009
Number enrolled in food stamp program	115926	110251	2140	2448	816	271	0	0	2009
Number enrolled in WIC	50153	45108	543	2484	532	154	1332	0	2009
Rate (per 100,000) of juvenile crime arrests	5606.0	5622.0	4634.0	4945.0	1708.0	0.0	0.0	0.0	2008
Percentage of high school drop-outs (grade 9 through 12)	2.0	1.4	1.5	2.8	0.7	0.6	0.0	0.0	2008

Notes - 2011
Data source Source: Census Bureau, July 1, 2008 population estimates. Does not have estimate for other and unknown race or ethnicity.

From Current Population Survey at census.gov based on number of persons 0 to 19 years of age living in a "Kind of Family" other than "Husband and Wife". Sample size for Native Hawaiian or Other Pacific Islander too small for reliable estimate and not included, Other Race and Unknown race not included in results.

Due to changes in data systems numbers reported reflect childern wo were on the program at some time January through October 2009.

Due to changes in data systems numbers reported reflect childern wo were on the program at some time January through October 2009.

Due to changes in data systems numbers reported reflect childern wo were on the program at some time January through October 2009.

Due to changes in data systems numbers reported reflect childern wo were on the program at some time January through October 2009.

Department of Education dropout data does not include rates for multiple race or unknown race.

The numbers provided for 2009 represent a cumulative measure of children if foster care for the year. Previous reports were based on a point in time count at the end of the fiscal year.

Narrative:
Program data.

Health Status Indicators 09B: *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by Hispanic ethnicity. (Demographics)*

HSI #09B - Demographics (Miscellaneous Data)

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	**Total NOT Hispanic or Latino**	**Total Hispanic or Latino**	**Ethnicity Not Reported**	**Specific Reporting Year**
All children 0 through 19	386758	69431	0	2008
Percent in household headed by single parent	22.4	38.0	0.0	2008
Percent in TANF (Grant) families	0.8	1.2	0.0	2009
Number enrolled in Medicaid	116851	30198	0	2009
Number enrolled in SCHIP	28767	9733	0	2009
Number living in foster home care	2481	396	0	2009
Number enrolled in food stamp program	91914	24012	0	2009
Number enrolled in WIC	33685	16468	0	2009
Rate (per 100,000) of juvenile crime arrests	5305.0	5070.0	0.0	2008
Percentage of high school drop-outs (grade 9 through 12)	1.6	3.2	0.0	2008

Notes - 2011
From Current Population Survey at census.gov based on number of persons 0 to 19 years of age living in a "Kind of Family" other than "Husband and Wife". "Ethnicity not reported" not included in results.

Due to changes in data systems numbers reported reflect childern wo were on the program at some time January through October 2009.

Due to changes in data systems numbers reported reflect childern wo were on the program at some time January through October 2009.

Due to changes in data systems numbers reported reflect childern wo were on the program at some time January through October 2009.

Due to changes in data systems numbers reported reflect childern wo were on the program at some time January through October 2009.

Department of Education dropout reports do not include rate for ethnicity not reported

The numbers provided for 2009 represent a cumulative measure of children if foster care for the year. Previous reports were based on a point in time count at the end of the fiscal year.

Narrative:
Program data.

Health Status Indicators 10: *Geographic living area for all children aged 0 through 19 years.*

HSI #10 - Demographics (Geographic Living Area)

Geographic Living Area	Total
Living in metropolitan areas	0
Living in urban areas	324191
Living in rural areas	105075
Living in frontier areas	26923
Total - all children 0 through 19	456189

Notes - 2011
Source: Census Bureau, July 1, 2006 population estimates. Idaho has no designated metropolitan areas

Source: Census Bureau, July 1, 2006 population estimates.

Source: Census Bureau, July 1, 2006 population estimates.

Source: Census Bureau, July 1, 2006 population estimates.

Narrative:
Rurality and geographic barriers continue to be challenges in accessing healthcare in Idaho.

Health Status Indicators 11: *Percent of the State population at various levels of the federal poverty level.*

HSI #11 - Demographics (Poverty Levels)

Poverty Levels	Total
Total Population	1515051.0
Percent Below: 50% of poverty	5.6
100% of poverty	12.2
200% of poverty	35.1

Notes - 2011
Results are from Census website Current Population Survey estimate for 2009.

Results are from Census website Current Population Survey estimate for 2009.

Results are from Census website Current Population Survey estimate for 2009.

Results are from Census website Current Population Survey estimate for 2009.

Narrative:
The current national economic situation is likely to impact this provisional data in a negative manner.

Health Status Indicators 12: *Percent of the State population aged 0 through 19 years at various levels of the federal poverty level.*

HSI #12 - Demographics (Poverty Levels)

Poverty Levels	Total
Children 0 through 19 years old	462269.0
Percent Below: 50% of poverty	8.8
100% of poverty	17.2
200% of poverty	45.7

Notes - 2011
Results are from Census website Current Population Survey estimate for 2009.

Results are from Census website Current Population Survey estimate for 2009.

Results are from Census website Current Population Survey estimate for 2009.

Results are from Census website Current Population Survey estimate for 2009.

Narrative:
The current national economic situation is likely to impact this provisional data in a negative manner.

F. Other Program Activities

The Genetics Services Program, Bureau of Clinical and Preventive Services, will continue to contract with physicians, Board Certified in Medical Genetics, and related disciplines to provide consultation to health care providers for all MCH populations needing genetic diagnosis, evaluation and management.

The CSHP Program will continue to provide biannual regional PKU clinics, staffed by Dr. Cary Harding from Oregon Health and Science University, in Boise, Idaho Falls, Lewiston, and Coeur d'Alene. Families receive initial consultation from OHSU and Dr. Harding already comes to Idaho to see children with other metabolic disorders.

The Bureau of Clinical and Preventive Services outcome performance measures will continue to be maintained and updated by the MCH Director and the MCH research analyst. This document will be updated quarterly and will provide a method for the MCH programs to monitor performance on a statewide basis as well as provide information to the Department's administration in regard to the Bureau's contribution to the Department's goal of improving health status.
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G. Technical Assistance

The Children's Special Health Program (CSHP) is unsure how to approach trying to impact Performance Measure #3 (Medical Home), and would appreciate some technical assistance on the subject.

Idaho is interested in technical assistance with strategies and methods to obtain unduplicated counts across agencies.

V. Budget Narrative

Budget and expenditure data from Forms 3, 4, and 5 are provided for the application year, interim year, and reporting year to assist the reviewer in analysis of the budget and expenditure narrative. For complete financial data, refer to all the financial data reported on Forms 2-5, especially when reviewing the federal allocation on Form 2 for the 30%/30%/10% breakdown for the budgets planned for primary and preventive care for children, children with special health care needs, and administrative costs.

Form 3, State MCH Funding Profile

	FY 2009		FY 2010		FY 2011	
	Budgeted	**Expended**	**Budgeted**	**Expended**	**Budgeted**	**Expended**
1. Federal Allocation *(Line1, Form 2)*	3228247	3163593	3236834		3236441	
2. Unobligated Balance *(Line2, Form 2)*	0	0	0		0	
3. State Funds *(Line3, Form 2)*	1865749	1320494	0		0	
4. Local MCH Funds *(Line4, Form 2)*	555437	1052200	2427626		2427331	
5. Other Funds *(Line5, Form 2)*	0	0	0		0	
6. Program Income *(Line6, Form 2)*	0	0	0		0	
7. Subtotal	5649433	5536287	5664460		5663772	
8. Other Federal Funds *(Line10, Form 2)*	29494848	38829252	39298375		38829252	
9. Total *(Line11, Form 2)*	35144281	44365539	44962835		44493024	

Form 4, Budget Details By Types of Individuals Served (I) and Sources of Other Federal Funds

	FY 2009		FY 2010		FY 2011	
I. Federal-State MCH Block Grant Partnership	**Budgeted**	**Expended**	**Budgeted**	**Expended**	**Budgeted**	**Expended**
a. Pregnant Women	264025	318509	261759		243008	
b. Infants < 1 year old	1448425	1317275	1401870		1386063	
c. Children 1 to 22 years old	2148148	2012366	2247972		2231083	
d. Children with	1205710	1442896	1217759		1312898	

Special Healthcare Needs						
e. Others	260300	269930	270100		265720	
f. Administration	322825	175311	265000		225000	
g. SUBTOTAL	5649433	5536287	5664460		5663772	
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	0		0		0	
b. SSDI	0		0		0	
c. CISS	0		0		0	
d. Abstinence Education	0		0		0	
e. Healthy Start	0		0		0	
f. EMSC	0		0		0	
g. WIC	22231985		32168428		32652784	
h. AIDS	1607806		2058400		2248135	
i. CDC	3972445		3388935		2294736	
j. Education	0		0		0	
k. Other						
Title X	1682612		1682612		1633597	

Form 5, State Title V Program Budget and Expenditures by Types of Services (II)

	FY 2009		FY 2010		FY 2011	
	Budgeted	**Expended**	**Budgeted**	**Expended**	**Budgeted**	**Expended**
I. Direct Health Care Services	1690083	1952312	1748690		1837850	
II. Enabling Services	31700	46301	46620		46700	
III. Population-Based Services	3034304	2822486	2985505		2988681	
IV. Infrastructure Building Services	893346	715188	883645		790541	
V. Federal-State Title V Block Grant Partnership Total	5649433	5536287	5664460		5663772	

A. Expenditures

For details of budget variation from projected to actual, please refer to forms 3, 4, and 5 and related notes.

Funds used for state match during federal fiscal year 2009 are from the Immunization Program as well as local funds contributed to immunizations and family planning. State general funds and local funds in the amount of $$2,372,694 were used to purchase vaccine for children and support the immunization registry as well as support family planning efforts.

The expenditures in FFY 09 that were directed to Pregnant Women included 25% of the MCH administrative budget ($57,497), support of the Idaho Pregnancy Risk Assessment Tracking System ($52,946), 25% of the Office of Epidemiology, Immunization and Food Protection MCH budget ($57,673), 20% of the Reproductive Health MCH budget ($132,397), and 25% of the Idaho CareLine MCH budget ($11,147).

Funds used in FFY 09 for infants < 1 Year Old included 25% of the MCH administrative budget ($57,497), 25% of the Office of Epidemiology, Immunization and Food Protection MCH budget ($57,673), 25% of the Idaho CareLine MCH budget ($11,147), 50% of the Immunization Program state and local funds used for block grant match ($1,186,347), and newborn hearing screening ($4,611).

Expenditures for Children 1 to 22 Years Old included 25% of the MCH administrative budget ($57,497), 25% of the Office of Epidemiology, Immunization and Food Protection MCH budget ($57,497), 25% of the Idaho CareLine MCH budget ($11,147), 50% of the Immunization Program state and local funds used for block grant match ($1,186,347), the Oral Health Program ($422,656), 100% of the injury funds ($7,116) and 40% of the MCH budget for Reproductive Health ($264,794).

Expenditures for Children with Special Health Care Needs included 25% of the MCH administrative budget ($57,495), 25% of the Office of Epidemiology, Immunization and Food Protection MCH budget ($57,671), 25% of the Idaho CareLine MCH budget ($11,148), the Genetics Program ($262,550) and the Children's Special Health Program ($1,054,032).

Forty percent (40%) or $264,794 of the MCH funds directed to the Reproductive Health Program were spent in the Other category, which primarily includes women of reproductive age who are older than 22 years of age. And $175,311 in indirects was included in expenditures for the Administrative budget.

FFY 09 expenditures by service category are as follows: Direct Health Care Services accounted for 90% of the genetics Program budget ($236,295), the Reproductive Health Program budget ($661,985) and the Children's Special Health Program budget ($1,054,032). The two programs included under enabling services were the Idaho CareLine ($44,589) and 10% ($1,712) of the MCH money supporting the STD program. Programs included in the Population-Based Services category were Oral Health ($422,656), Immunizations ($2,372,694 -- state and local match), MCH STD ($15,409) and Newborn Hearing Screening ($4,611).

Programs included under infrastructure Building Services included: MCH Administration ($229,986), Pregnancy Risk Assessment Tracking System ($52,946), Office of Epidemiology, Immunization and Food Protection ($230,690), 10% of the Genetics Program ($26,255), and the indirect budget ($175,311).

Total reported MCH expenditures for Idaho during FFY 08 are $5,536,287.

B. Budget

To meet the match requirement the state will be utilizing $2,372,694 in state and local funds.

The priority areas for Idaho are children with special health care needs, reproductive health for young women, oral health of children, epidemiology services and genetics. These programs account for the majority of spending. Funding for the State Children's Special Health Program and Genetics account for the majority of funds used to meet 30% minimum required for CSHCN. In fact, those two programs alone account for 39.5% of the block grant funds. The programs under Preventive and Primary Care for Children that receive the largest amount of funds include Oral Health, Reproductive Health, and Injury Prevention.

An area we had focused additional funding on was Idaho's Pregnancy Risk Assessment Survey. Data from previous years provided an overview of perinatal issues statewide; but by increasing the sample size, we are now able to identify trends in specific areas of the state. We use this valuable data to guide program direction and project development. In FFY 10, PRATS will be funded with receipts, not MCH funds. MCH funds will continue to be used to fund a full-time

research analyst dedicated to MCH programs.

MCH funds previously provided funds to the Idaho Perinatal Project (IPP) to support educational efforts with lay midwives for the best possible birth outcomes for Idaho babies will not be contracted this year. IPP and MCH had estimated a need for four years of funding and this was met. Additionally, the 2009 legislature passed a bill requiring the licensure of midwives in Idaho. Rules were to be promulgated in 2010.

Federal fiscal year 2010 will also see MCH funds supporting an injury prevention program. This has been an area in which Idaho has been weak for a number of years. Decreased funding for poison control efforts resulted in a realignment of MCH funds to help meet this need in our very rural state. Some of these funds were previously used to support the newborn hearing screening program and the Idaho Perinatal Project.

Idaho's Children's Special Health Program has improved efficiencies and service delivery through its relationship with St. Luke's Children's Hospital. In order to more effectively manager eligibility issues, all care coordination was moved back into the program, leaving the Children's Hospital responsible for the service delivery for the Children's Special Health Program and Genetics Clinics. While the majority of the genetics and metabolics clinics are conducted at the Children's Hospital in Boise, the two physicians that support these clinics do travel hold clinics throughout the state. The Children's Special Health Program and Genetics Clinic together account for 39.5% of the MCH Block Grant expenditures.

VI. Reporting Forms-General Information
Please refer to Forms 2-21, completed by the state as part of its online application.

VII. Performance and Outcome Measure Detail Sheets
For the National Performance Measures, detail sheets are provided as a part of the Guidance. States create one detail sheet for each state performance measure; to view these detail sheets please refer to Form 16 in the Forms section of the online application.

For the detail sheets and objectives for the state performance measures developed from the 2010 needs assessment, refer to TVIS Forms, Form 11 and Form 16 under the section “New State Performance Measure Detail Sheets and Data.

VIII. Glossary
A standard glossary is provided as a part of the Guidance; if the state has also provided a state-specific glossary, it will appear as an attachment to this section.

IX. Technical Note
Please refer to Section IX of the Guidance.

X. Appendices and State Supporting documents
A. Needs Assessment
Please refer to Section II attachments, if provided.

B. All Reporting Forms
Please refer to Forms 2-21 completed as part of the online application.

C. Organizational Charts and All Other State Supporting Documents
Please refer to Section III, C "Organizational Structure".

D. Annual Report Data
This requirement is fulfilled by the completion of the online narrative and forms; please refer to those sections.